## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

i	1 -	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	8	REG. NO.	17	6	8
		CEASED NAME OR PRINTI Chai	rles		Richley	A	oell		pril 22, 1	986	9:30	_
1	3 SEX	Male	43	White		Janu		6 AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER I YEA		MIN.
5		RTHPLACE (STATE ORF	OREIGN	U.S.A	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED		tgomery	OF DEATH		MD.
)		rrett Park			OSPITAL, NURSIN HEACILITY, GIVE STREET CESWICK ST		DR OTHER INSTITUTION	type of work for Retir	CUPATION DR MOST OF WORKING UP ed Superir	erintendent		
0	13a. S	AL RESIDENCE (IF NURS Maryland		tgomery	GIVE RESIDENCE BEFORE  134 CITY OR JOWN  Garrett 1		13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌		Keswick	Street	20896	
0		William		Wallace	Abell	l	Hannah		WIDDLE	Clar	k	
1		VAS DECEASED EVER PES NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)	219-07-5		Martha A. Ab	ell sam	e as 13e			
		18 CAUSE OF DEATH PART I. DEATH W	IMMEDIA	TE CAUSE (a)	Lorder AS A CONSEQUE	NCE OF	И.	ere		APPRC BETWEET	MOS	ATH
1		Canditians, if any, gove rise to imm cause (a), stotin underlying cause	nediate g the	DUE TO, OI	R AS A CONSEQUE		oromed by Nova	050000			7 03	
	IFICATION	PART 2. OTHER SIGN			25 E N		NOT RELATED TO THE TERM	20a AUTOP	SY? 20b. IF YES	S, WERE FIND	INGS USED	12
X	CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	AIR	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR		VO ₹	S 🗍	NO [	
	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗆	21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STA	TE
		22a. I certify that (I) saw, the decease					IF MILE IN (my) (aur) apinian of DEGREE  ATTENDING EMYSICIAN F	death occurred of	STAFF	r and fram th	that (I) (we causes state	e) tast ed
/		Richard					5530 Wiscon			hase, M	d.	
	23a. B	urial, cremation, specifyiBurial	REMOVAL	April	25, Gate	of H	eaven Cemeter	y 23d. LOCATI	ilver Sprin	ng, Ma	ryland <sup>*</sup>	TE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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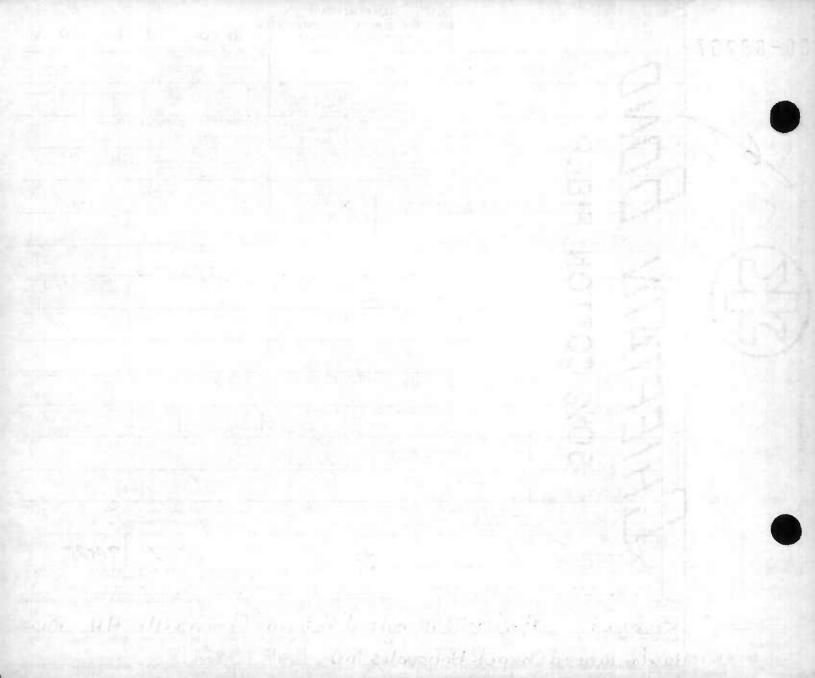
TO FUNERAL DIRECTOR: After this

1331 Rockville Pike, Rockville, Maryland 20852

Silver Spring, Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Trine Daydoon-pandable

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	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF A	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		ENE 8	6 REG. NO			1	7	0
		CEASED NAME FIRST	M	IDDLE	l	AST		20 DATE OF D	EATH N	HTMON	DAY Y	EAR	26 HOL	JR
	,,,,,,	BILLIE	J	0	AD	AMS		APRIL	21, 1	1986			6:4	48 am
	3. SEX	Х	4 RACE		5. DATE C			6 AGE (IN YEAR	RS LAST BIRTH	(DAY)	IF UNDER I	DAYS	IF UNDER	R 24 HRS
		FEMALE	WHIT		SEPT	EMBER 6, 1		47	7.00	YRS			CE	
1		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIEI	D NEVER MARRIE		9 BALTIMORE	CITY OR	COUNTY	OF DE A	TH		
		ississippi	USA		WIDOWE	- band		MONTGO						MD
	10. CI	ITY OR TOWN OF DEATH		OSPITAL, NURSING FACILITY, GIVE STREET A		OR OTHER INSTITUTIO	N	TYPE OF WORK FO					BUSIN	ESS OR
0		ETHESDA	NIH, TH	E CLINICA	AL CE	NTER		Pos	tal (	Carri	er 1	Pos	t of	fice
	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION O	13c. CITY OR TOWN	IDMISSION)	13d INSIDE CITY LIM	ITS?	13e STREET AD	DRESS /	ZIP CODE				
		ARYLAND	4	DAVIDSON	VILLE			P.O.	BOX :	104		2	1035	,
A	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAID!	EN NAM		MIDDLE			LAST		
Q		Norman	M S	mith		Earlin	ie		В.		But	rdi	ne	200
4		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ON YTI	17. INFORMANT	201		ADDRES	S				
<		No		422-46-01	120	Earline B.	Smi	ith/mot	her/	San	me as	s	13	
	TION	Canditions, il ony, which gave rise to immediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR (b) $M$ DUE TO, OR (c)  CONDITIONS CO	AS A CONSEQUEN ETASTAT  AS A CONSEQUEN  NTRIBUTING TO DI	ORY  NCE OF  NCE OF  EATH BUT	REAST CAI		NAL DISEASE (			Y EN IN PA		RS	
	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	. 9	4.7.2	, 10 🗆		YING CA	USES		TH?
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1100110 111	INJURY A. MONTH DA'	Y YEAR	21c. HOW INJURY C	CCURR	ED (ENTER NATU	RE OF INJURY	IN ITEM 18 P	ART I OR PA	ART 2)		
1	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER	P. <i>N</i>		19									
,	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY ET FACTORY, OFFICE FA	RM ETC )	211 LOCATION STREET			CITY OR TOW	N	COUN	uty .		STATE
		22a. I certify that (X (this hospi saw the deceased alive an abave, (we) (did) (XXX				19 d that in XXI (our) of		, to <u>APR</u> eath occurred		e and hav	19 <u>86</u> r and Irai		(, /	(we) last ated
		22b SIGNATU	6 Rec	lly	m	The second secon	IAN [	MEDICAL DIRECTOR		AN D	-	DATE S	221	126
		22d. PHYSICIAN SNAME AND TO SEPT	H	Ref 114		CLINICAL		NAL INS TER, BE				ALTI 208		
	- (	BURIAL, CREMATION, REMOVAL (SPECIFY)	4-22-8	6 Te	e's	EMETERY OR CREMAT	TORY	23d LOCATI	ashin	ngton	COUNTY		DC	STATE
	24 FU 42	CremationMa UNERAL DIRECTOR TIONMA 17 NAMED th Street		Funeral Washingto			So. API	72919	86	sh REGIST	RAR'S SIG	GNATU	IRE .	-

DHMH - 16 60M 7/B4 (VRA 15, 4)

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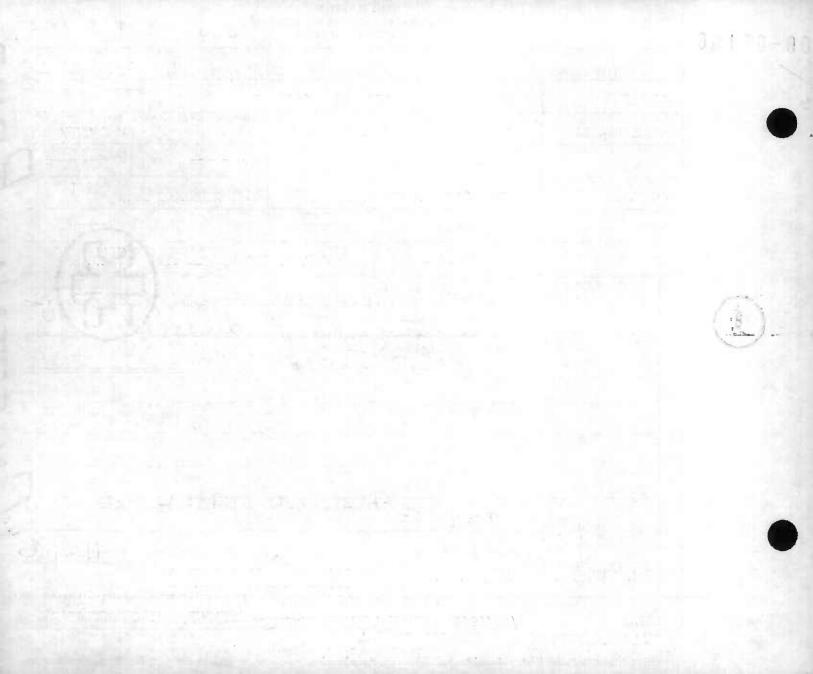
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1	FOR - STATE REGISTRAR		DEPARTA		TH AND MENTAL HY	GIENE 8 6	NO.	17	7
2	Davi	**	Adeli	man LAST		April 6			ь ноик 3:35ar
1.1	SEX	4. RACE		5 DATE OF BI		6. AGE (IN YEARS LAST	BIRTHDAY) IF	O DEN TIERR	IF UNDER 24 H
-	MALE	WHITE	E	APR.	12, 1898	87	87 YRS.		HOURS M
70.	BIRTHPLACE (STATE OR FOREIG COUNTRY)  NEW YORK	76 CITIZEN OF	A.	MARRIED WIDOWED X	NEVER MARRIED DIVORCED	9 BALTIMORE CITY Montgam	or county o ery Cour		
9"	Olney		OSPITAL, NURSIN OTHERY GE		ospital	120, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  PHARMACIST  PHARMACY			
13a	343	ONTGOMERY	13c. CITY OR TOW		INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE TIERRA	DR. 2	0906
50	FATHER'S NAME FIRST  ISAAC	WIDDIE	ADELMAN	15. /	MOTHER'S MAIDEN N	AME		KNOWN LAST	
	WAS DECEASED EVER IN U	S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO. 17	INFORMANT	ADI	PRESS		
e medi	YES	WWIT	058-18-6	076 D	R. ANDREW	G. ADELMAN	(SAME A	AS TIEM  APPROXIMA BETWEEN ON	
iny injury, or other troumotic	underlying cause la  PART 2. OTHER SIGNIFIC	ch (b) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E  TION FOR WHICH	ENCE OF	TON	MINAL DISEASE OR CO		N IN PART 110	SS LISED
CERTIFICATION	OR CONTRIBUTION CONTR	LIGHT A		TIVE AY YEAR 210	BAND.	YES NO	YES		PEATH?
rked or herr	(IF EITHER NOTIFY MEDICAL EX- 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	AMINER) P./			LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
m 21 is mo			19 6	86, and the		a to ARK death occurred on the	date and hour a	nd from the ca	
# 12 - J	22b. SIGNATURE	F Marc	W	MO	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	TAFF SICIAN [	22c. DATE SI	7/83
MPORTA	124 PHYSICIANS NAME	MARCE	& MI	0	10301	GA. AUL	c, S/1	WER !	PRI
230	BURIAL, CRÉMATION, REMO (SPECIFY) CREMATI		201	HAMBERS	CREMATOR	Y 23d. LOCATION CITY OR TOWN RIVERI	DATE	P.G.C.	STATE Md.
A 7/84	FUNERAL DIRECTOR	RS CO. INC	ADDRESS	VER SPR	25a. DA	TE REC'D. BY REGISTRA	AR 256 DEGISTRA	g's signator	infest

STATE OF MARYLAND

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STATE OF MARYLAND



-04	853	1	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND  EALTH AND MENTAL HYG  ICATE OF DEATH	IENE 8 6	10.	17	7 3
			CE ASED NAME	FIRST		MIDDLE	(	AST	20 DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
9.0	poge 3	THYP	E OR PRINT)	Nicho	las	J.	Agru	sti	April 2	2,1986		8 PM
moy	od b	3. SE			4 RACE		5. DATE O		6 AGE (IN YEARS LAST BI	RTHDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
ge 4	rs off		Male		Whit	e	Sep	t. 12,1933	52	YRS.	THS DAYS	HOURS MIN.
5	2 hours	7a 8	IRTHPLACE ISTATE OF	OREIGN	b. CITIZEN OF	WHAT COUNTRY?	8	D MEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
Thos are	in 72		Wash.D.C.		USA		WIDOWE		Montgor	mery		M
Ö	de de	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	anto	graphe
rs ofte	\$ 60 D	Si	lver Spr	ing	Holy	Cross Ho	ospit	al	Dept. of	Comm	rce	
24 hours	filled in		AL RESIDENCE (IF NURS STATE Md.	13b COUN Mont	TY	136. CITY OR TOW	/N	136 INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE	oca R	904 oad
, un	2 sh	14. F.	ATHER'S NAME					15 MOTHER'S MAIDEN NA			100	
₹ 0mm	completely 1 and 2 shall won 1	1	Joseph	^	AIDDLE	Agrusti	i.	Frances	WIDDIE		Spa	no
cute	col col	140	MAS DECEASED EVED	IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS		
e e y	rs. Pages		N/A	(IF YES, GIVE	WAR OR DATES)	579 42	4241	Mary Agrus	sti(Wife)	Same as	s 13E	
that the death certificate	by the ottending physici sse remove corbonpaper i, cremation, or removol. other troumatic event, th		18 CAUSE OF DEAT PART I DEATH W  Conditions, if ony, gove rise to imm cause (o), statin underlying cause	Which nedicate g the	DUE TO, O	R AS A CONSEOU	ENCE OF	anciron a light	(Cidney		BETWEEN C	mate interval onset and death 4 Cars
ires th	gned in buriol buriol ry, or		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110	
ed o	The The injury	o S										
he law an.	has been the permit.	CERTIFICATION	190 DATE OF OPERA	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES		
ICIAN: T	certificate bronsit ental Hygie frem 18 sha		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDII	AUSE OF DEAT	.,	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM IB PART	I OR PART 2)	
dG PHYSIC	ter this or is the burner or is the burner or is the burner or is the dor it is the do	MEDICAL	21d INJURY OCCURE	310		OF INJURY REET, FACTORY OFFICE, I	FARM, ETC )	211. LOCATION STREET	CITY OR TO	OWN .	COUNTY	STATE
Spitol or	CTOR: A I for use c of Healt		22a. I certify that (1) saw the decease above, (1) (we) (c	d olive on	1/1	242 19	1/29 1/29	d that in (my) (our) opinion	death accurred on the d	late and hour on		hot (It (we) los couses stated
TAL OK A	JERAL DIRECTOR DE detoched Stote Dept.		22b. SIGNATURE	wee	x 1.	ayest		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE :	SIGNED 4
OSPIT Ted by	Id be det the State		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINTI			22e ADDRESS				
5 :	ould by the the PORT	100	/ tuker	1.	MIne	1		8630 Fent	on St.S.S	s.Md.		

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR Hines/Rinaldi

230 BURIAL, CREMATION, REMOVAL Burial 4/25/86 Silver Spring, Md. 20904

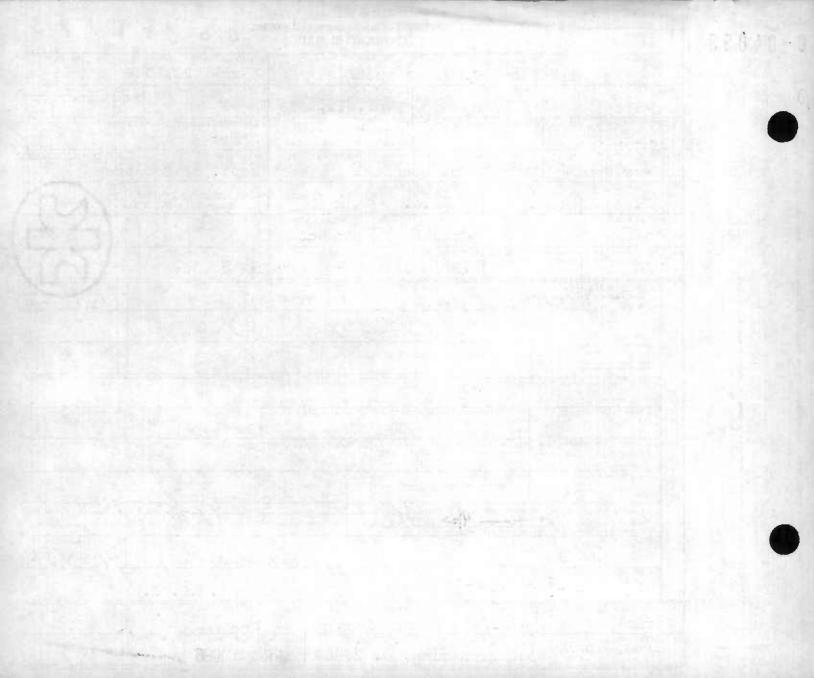
236 DATE

4/25/86 Fort Lincoln 11800 New Hamp.Ave.

236 NAME OF CEMETERY OR CREMATORY

23d. LOCATION Brentwoo

PG Md.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST CLSIC DECEASEDAMAME Marie 20. DATE OF DEATH 26 HOUR Alban ELSIE MARIE 4 RACE AGE (IN YEARS LAST BIR HDAY) 5. DATE OF BIRTH IF UNDER I YEAR CAUCASIAN. YEAR FEMALE TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED New York WIDOWED DIVORCED Montgomery IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY University Nursing Home Wheaton Homemaker Own Home 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MD 6104 Bryn Mawr Ave./20812 Montgomery Glen Echo L FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Paul Henry Kaun Bertha Haack Me WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Paul H. Alban, Same address as #13. 18 CAUSE OF DEATH (Enter only one couse per line for ior, (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO. Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (1) (west (did) (did sol) view the bady giter death. (aur) opinian death accurred an the date and hour and from the causes stated DEGREE 221 DATE SIGNE MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN MPORTANT d b 2737 Devonshire Phy NW, Wash, IC 200

DHMH - 16 60M 7/B4 (VRA 15, 4)

4/16/86 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

23a BURIAL, CREMATION,

Arlington National Cem.

Arlington, VA

5130 Wisconsin Ave. NW. Washington, D.C. 20016

250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR & SIGNATURE.

Marte

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Turial 4/16/86 rlington lational Cem. rlington, Va

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FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR 86

12b. KIND OF BUSINESS OR

INDUSTRY

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	•
EASED NAME FIRST	NTOINE AL	LEX 1S	20. DATE OF DEATH MONTH 5	86
M	1 RACE Black	5. DATE OF BIRTH	6. AGE (IN YEARS LASE BIRTHDAY)  A  YRS.	IF UNDER 1 YE
THPLACE (STATE OR FOREIGN DUNTRY) HATTI	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY MONTEOM	
Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION	12b. KINI

WORKING LIFE)

	ane cause per line (at 10), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (0) Proumocystis Carinii Preumonia	3 üks
	DUE TO, OR AS A CONSEQUENCE OF AIDS	
Conditions, if any, which gave rise to immediate	(b)	
ause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	STATE OF THE STATE

190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART 1 OR PART 2)	
21d. INJURY OCCURRED  LE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
220.1 certify that (1) (this haspital)	attended the deceased fram	125 19 2	(a to4/	5 1986	, that (1) (we)

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Ave Kensington

RUBIS 23d LOCATION

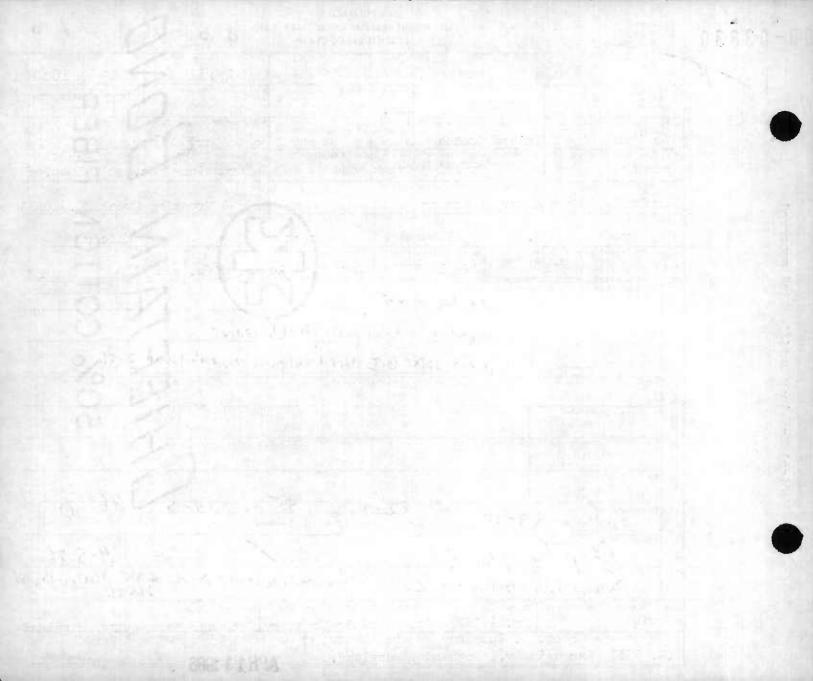
(SPECIFY) Lincoln Mem. Cem Burial 24 FUNERAL DIRECTOR Stewart Funeral Home . 4001 Benning Road, N.E.

DHMH - 16 60M 7/84

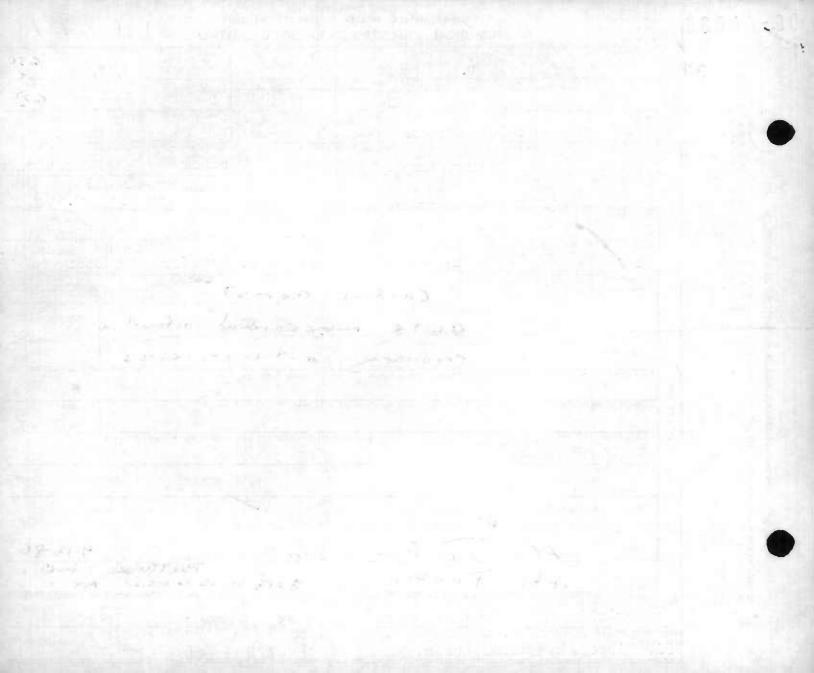
(VRA 15, 4)

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	· == 16		OR BRID. TO	ro1d	т.	MIDDLE	Te A	AST		MONTH	DAY YEAR	2b HOUR
	1 10	3.56			RACE	rederic	K A.	lleman	April  AGE (IN YEARS LAST BIR		1986	10:00 am
10	oge 4 m		Male	C	Caucasi		Jan.		70	YRS	MONTHS DATS	HOURS MIN.
	1149	Mi	RTHPLACE (STATE OR FORE COUNTRY) chigan	U	Inited	States	WIDOWE		9 BALTIMORE CITY OR COUNTY OF DEATH  Montgomery County  120 USUAL OCCUPATION 1170 WORK FOR MOST OF WORKING LIFE   INDUSTRY HE Information—Spec. Nat' 1 I			MD.
107	100	Po	TY OR TOWN OF DEATH	1		HOSPITAL, NURSIN CHEACILITY, GIVE STREET Crossing		ROTHER INSTITUTION Road				Inst.of
LAND 213	1136	130.	AL RESIDENCE (IF NURSING TATE  ryland Me	OUNT OUNT	Υ	GIVE RESIDENCE BEFORE 130 CITY OR TOW Potomac		13d. INSIDE CITY LIMITS? YES NO 🔯	136 STREET ADDRESS A	ZIP CO	Creek R	Rd./20854
MARYL	1 11 /100	14. F	ATHER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDEN NA			145	
MA	1 (18/15)	1	Frank	J		Allema		Grace			Ketchu	ım
app	1 16 1/		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMI	ED FORCES? WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE	1		
P	7 9 1/	ye	-			369 18 5		Mary M, Alle	man, wife,	see		
BA	the state of		18 CAUSE OF DEATH I	Enter only CAUSED	one cause per BY:	line for (a), (b), an	dic +				BETWEEN	MATE INTERVAL ONSET AND DEATH
TS P	1 2 2 2		IMMEDIATE CAUSE (0)									
STON fie	4 60 4		CIN	1.1	DUE TO, C	R AS A CONSEQUE	NCE OF	weather Bladd	STEAM LIST			
PRE	de que de	er tro	Canditians, if any, w gave rise to immed	liate				Anbuth Hlydd				
3 OD	of the state of		cause (a), stating the underlying cause lost DUE TO, OR AS A GONSEOUENCE OF I BHELD AND DUMONALY EMPORALY in 3-86									
DS. 20	sport the plant to	NO	PART 2. OTHER SIGNIF	ICANT CO				NOT RELATED TO THE TERM				a
Examir		TIFICATION	90 DATE OF OPERATIO	Ν	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CER	ES, WERE FINDIN	OF DEATH?
ES	50 8183	CERT	210. ACCIDENT WAS UNDERL	YING	21b. TIME C	F INJURY		21c. HOW INJURY OCCUR	YES NO X		YES DEPART 2)	NO 🗌
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201	by t	050		ockville	SHAD.	V G-ROV	E AD	JENTIST HOSE	**			
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RYL	with letely 2 s	18/	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN N	MIDDLE		LAST	
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BALTIMORE, MARYLAND 2120	nd c	edica		AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES	166 SOCIAL SEC	URITY NO.	17. INFORMANT	203 Lay tons	ville	Rd.	
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BAI		f.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r only one couse pe	r line for (a), (b)	nd (c).)	,	1	157 -	BETWEEN O	MATE INTERVAL DINSET AND DEATH
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DS,	sign hen p	io bu	Z	PART 2. OTHER SIGNIFICAN	ALCONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	DITION GHE	N IN PART 11a	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26. DATE OF DEATH MONTH DECEASED NAME 2b. HOUR TYPE OR PRINTI April 16, 1986 Katherine Ash 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR June 16. 1911 White Female BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York Montgomery WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Bethesda 4924 Sentinel Drive Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 134 SIREET ADDRESS Sentinel Drive/20816 13d INSIDE CITY LIMITS? Montgomery Bethesda YES TA 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Alice Alling Edmund Rogers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 216-46-2545 Nancy A. Duvall, 4 Hartman Ct., Potomac, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Hepatic failure 1 mo. IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF 3 mos. Metastatic carcinoma Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Carcinoma of colon PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP YES T NOF 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC I AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from Feb. 86 , and that in (my) (our apinion death occurred an the date and haur and from the causes stated saw the deceased alive an\_\_\_ April 13 above, (1) (ye) (did) (did not) view the body after death. DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN April 16, 1986 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS Clifton R. Gruver 1145 - 19th Street, NW, Wash. D.C. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Mt. Comfort Crematory Alexandria. VA 24 FUNERAL DIRECTOR Joseph Gawler's Sons. Inc. 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 5130 Wisconsin Ave, NW, Washington, D.C. 20016 (VRA 15, 4)

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2 P.4		CEASED NAME FIR	enne	MIDDLE	Atw	ood	April :			10:20A		
ge 4 may schor, pay ny affer de	3. SE	Female	4 RACE White		S. DATE C		6 AGE (IN YEARS LAST BII	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS			
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15 Jeff 15 Jef	13a. S	ID I	COUNTY  Mont.	13c CITY OR TOW Silver	/N	13d INSIDE CITY LIMITS? YES AO	13e.STREET ADDRESS 3361 S.	/ ZIP CODE <b>Leisure</b>	World	906 Blvd.		
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CLAN COLOR C	100	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	E OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	IRY IN ITEM 18 PART	1 OR PART 2)			
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ral Or ATTEN y the hospital Aal DIRECTOR detached for u ate Dept. of H UT: If Hem 21 is		226. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										
retained by the retained by the TO FUNERAL D should be detro with the State D IMPORTANT: If		Claude Fe		M. D.		18111 Pri	nce Phili	p Dr.,	Olne			
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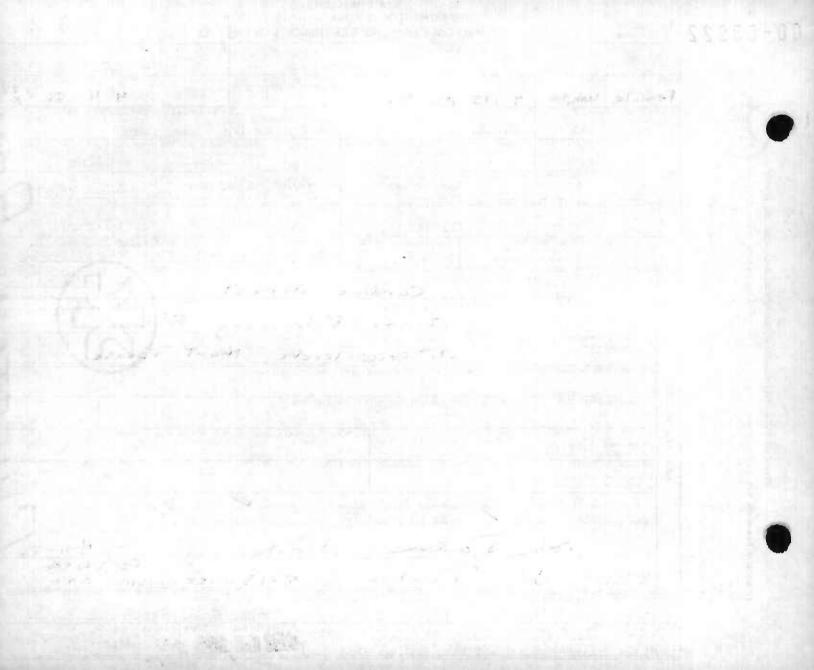
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-03922 MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED Axelrod Anna 04/11/1986 4 RACE AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHD AY) PRONOUNCED 5 32 white 15 DEAD 8 ZYRS 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Vilna, Poland U.S.A. DIVORCED X WIDOWED Montgomery 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Home Behesda Suburban Hospital 13a. STATE 13d. INSIDE CITY LIMITS? 3b. COUNTY 7401 Westlake Terrace (20817) Bethesda Montgomery Maryland YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Basha Dorin Ginsburg Yakov 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT Drive; Kensington, Md. 379-26-7571 Lillian Wilansky; Daughter; 9914 Hillridge NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY arrest Cardine IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. Heart Desus DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. g CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN 220 I certify that I taak charge of the remains described above, held an EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO TO FUNERAL DIRECTO AFITER DEATH, WITH TH BALLTIMORE, MARYLAN death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME 8218 WISCONSIN (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE Burial 4/13/86 King David Memorial Garden; Falls Church; Fairfax; Va. 07/84 74 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS. 25M DHMH - 17 (VR A15 ME (5)) 1170 Rockville Pike: Rockville, Md. 20852



560-	FOR STATE REGISTRAR	DI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 6 REG. NO.	11/83				
"# /b	HECEASED NAME HAY	ry W.	· ·	^Baker	20 DATE OF DEATH M	74 21 86 25 50.45				
s offer o	3. SEX Male	4 RACE Caucasian	5. DATE O	4 1915	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.				
35	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COU	INTRY? 8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR O	county of DEATH Omery County				
39	10. CITY OR OTHEY	Montgome	of Hospital, Nursing Home or other Institution to the Company of t			VORKING LIFE) 126 KIND OF BUSINESS OR HEATING & Air				
\$		DUNTY 13c CITY C		13d. INSIDE CITY LIMITS? YES 🖎 NO 🗌		ce Orchard Rd/ 20878				
33	John	J. Bake	ast LT	15. MOTHER'S MAIDEN N Maudie	A. MIDDLE	Savage				
medicol	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	11 SECURITY NO.	Verna L. Ba	ADDRESS ker wife se					
ere prior to burtor, cremption, or	PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONTRIBUTE  TO CONDITIONS CONTRIBUTE  196 CONDITION FOR	NG TO DEATH BUT		200 AUTOPSY?	TION GIVEN IN PART 1:0:  100. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO				
ed or from IB shows	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	DEATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN					
s morked	220.1 certify that (I) (this ha	(AT HOME, STREET FACTORY, spital) attended the deceased		STREET . 19_36	CITY OR TOWN	COUNTY STATE				
with the State Dept. of H.	saw the deceased alive	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PK DRIVE								
	230 BURIAL, CREMATION, REMOV	Apr 24,1986	Parklawn	Memorial P	ark Rockville.	, Maryland				
16 60M 7/B4 A 15, 4)	300 W Montgom	t A. Pumphrey ery Av Rocky	Funeral I	domes, PA 250. D.	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE				

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

									REG. NO.						
1. DECEASED NAME FIRST (TYPE OR PRINT)			MI	WIDDLE				20. DATE OF DEATH MONTH D			DAY	DAY YEAR 26 HOUR			
	CH	ARLES	FF	RANKLIN	an.	BARLO	CK	APRIL	22,	1986			8:4	5A. M	
	3. SEX		4. RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTH	DAY)	IF UNDER		IF UNDER	F 4 . IK 3	
	1	MALE	WHI	(TE	MARCE	1 14, 1	1928 EAR	58		YRS.	MONTHS	DAYS	HOURS	MIN.	
1	7a. BIF	RTHPLACE ' (STATE OR FOIL DA	16 CITIZEN OF W	U.S.A. MARRIED WIDOWEI			AAA BRIED	9 BALTIMORE	CITY OR	COUNT	OF DE	ATH			
2	P	ennsylvania	U.S.A				NORCED	MONTGOMERY COUNTY						MD.	
6	10. CI	TY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSIN		R OTHER INS	NOITUTION	12a. USUAL OC						ESS OR	
0	B	ETHESDA		HE CLINI		ENTER		Chief N	Tedic	al T	ed h.	U.	S. C	ov't.	
1	WSUA 13a S	L RESIDENCE (IF NURSING HE	OTHER INSTITUTION G	IVE RESIDENCE BEFORE	ADMISSIONS							00	1031	30	
1		LORIDA	VALTON	FREEPOF		YES X	NO [	RT 2,				R.	32	439	
1	14 FA	THER'S NAME	110011				S MAIDEN NAM						100		
Z	7	John	J. MIDDLE	Barloc	k Emma		J.			Houck					
3	16a W	AS DECEASED EVER IN U.S.	ARMED FORCES?	180-20-	RITY NO.	17 INFORM			ADDRES		114	12 1	Kno	11 M	
5	(4	Yes (IF YES	orea	180-20-	2425	Mr.	Michael	1 Barlo	ock,	so	nGai	th	ers	our g	
		18 CAUSE OF DEATH (Enter	anly ane cause per li	ne for (a), (b), an	dicit						RE	APPROXIA	AATÉ INTE	RVAL	
	74	PART I. DEATH WAS CAL	ISEÓ BY: B	roncho	alvec	lar 1	ung ca	rcinom	a			3 у	ear	S	
		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( ) (b)													
4		gove rise to immediate										-		- 1	
		cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF													
		PART 2 OTHER SIGNIFICAN	T CONDITIONS COL	NTRIBUTING TO I	DEATH BUIL	NOT RELATE	TO THE TERMI	NAI DISEASE O	P COND	TION GI	/FN IN P	APT 1/o			
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-	필		3.1					YES TX NOT			IN CERTIFYING CAUSES OF DEATH?  YES   NO   NO   NO   NO   NO   NO   NO   N				
	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF		-	21c HOW II	NJURY OCCURRE					ART 2)	1.0		
		OR CONTRIBUTING CAUSE OF	DEATH	. MONTH DA											
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)		P.M. 19 21e. PLACE OF INJURY		211 LOCATION									
	MEC	WHILE NOT WHILE		T. FACTORY, OFFICE, F	ī	CITY OR TOWN COUNTY						TATE			
		AT WORK AT WORK			A == == =	1, 10	0.6	ABD	TT 0						
		22a 1 certify that (1) (this ha	spital) attended the	deceosed from_	Apri	1 10	19 00	_, to APR.	LL Z2		198	6 . 1	hat 🛣 (	we) last	
		sow the deceased alive abave, & (we) (did) (&	on AT ITTL	fter death	, on	d that in X	(our) opinion de	eath accurred o	n the date	e and hou	ond fro	m the c	auses st	ated	
		22b. SIGNATURE	11		(	DEGREE					224	DATE	IGNED	6	
		000	u				PHYSICIAN []	MEDICAL DIRECTOR	STAFF	AN I	6	1/5	22/	186	

4/26/86 <sup>24</sup> FUNERALDIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

Parklawn Memorial Parkity or town Rockville, Mar yland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CLINICAL CENTER, BETHESDA, MD 20892

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) Alice Whalen HOURS STREET, Barth DEATH MATED X 1986 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IE UNDER 24 HRS DATE FUNERAL DIRECT 5 FOR YOUR F PRONOUNCED Dec. 16, 1919 66 DEAD Female. White TE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGNONIO USA Montgomery County DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Homemaker 15513 Prince Frederick Way Home Silver Spring 20902 113e STREET ADDRESS 13d. INSIDE CITY HMITS? No □ 15513 Prince Frederick Way Montgomery Silver Spring Maryland 15 MOTHER'S MAIDEN NAME Michael Whalen William Alice McCarthy Rockyphes Md. 20850 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 197-10-1887 Alice M. Kelly 401 W. Montgomery Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. Alcoholism E 3 SHOULD BE USED A E DEPARTMENT OF HEA DI PRIOR TO BURIAL, C 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an and in my apinian PAGE 4 SHOUL TO FUNERAL DIRECTO AFTER DEATH, WITH THE RALTIMORE, MARYLA death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** DATE SIGNED\_ 4/4/86 eputy MEDICAL EXAMINER 1919 Seminary Road SIGNATURE EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 4/7/86 23d. LOCATION Parklawn Memorial Park Rockville, Maryland 07/B4 Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR

## STATE OF MARYLAND

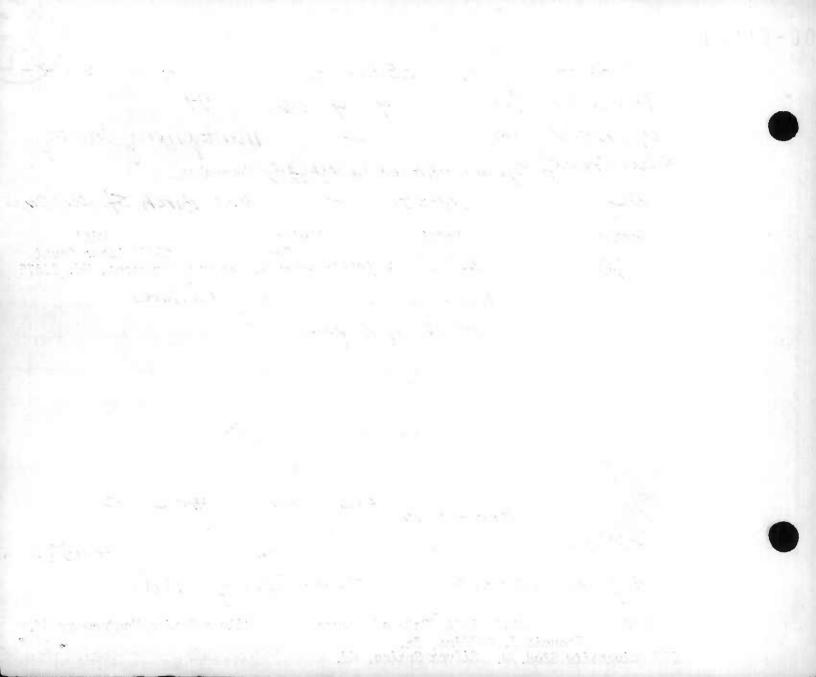
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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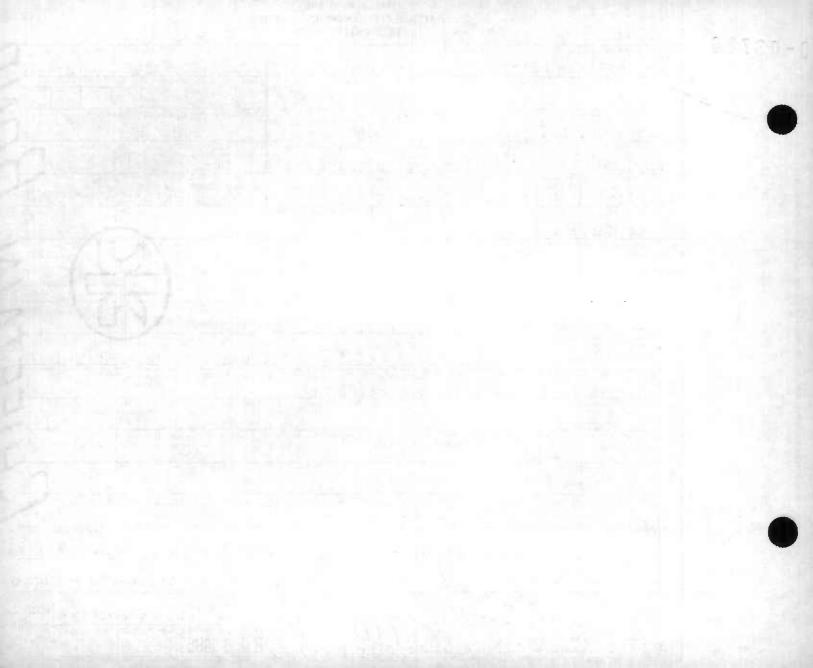
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		DR PRINT)	,	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR	D
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	3, 5E)	C	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 H	
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7	W	EST VIRGINIA	UNITED	STATES	WIDOWE	D NEVER MARRIED	MONTGO	MERY			MD.
K)	10 CI	TY OR TOWN OF DEATH	11. NAME OF I			OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS	OR
1	r3	BETHESDA		NAVAL HOS		4	TEACHER	T WORKING (IFE	EDUC	CATION	
1	13a. S	AL RESIDENCE HE NURSING HOME OR OTATE 136. EOUN	TY .	13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS		9	144	44
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1	14. FA	THER'S NAME FIRST A	AIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	T	
		CHARLES ER	NEST EL	LIOTT		PAULIN	NE CRADDOCK				
5	16a. V	VAS DECEASED EVER IN U.S. ARA		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	iss			7.5
	N	VAS DECEASED EVER IN U.S. ARA VES NO OR UNKNOWN) (IF YES GIVE NOT	WAR OR DATES)	232-64-6	5902	JOE C.ELLIOTT	, 5656 B V	IA ROM	ANO, CHA	ARLOTT	E,NC
		18 CAUSE OF DEATH (Enter onl	y one couse per	line far (a), (b), and	dicul				APPROXI-	MATE INTERVAL	ATH
		PART I. DEATH WAS CAUSED	DBY: E CAUSE (a)	SEPSIS	3						
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		Canditions, if any, which		MALIGNANT		ANOMA			11.13		
		gove rise to immediate couse (a), stating the		R AS A CONSEQUE							
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	NO N										
7	CERTIFICATION	19a DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED	
4	THE .						YES NOT	YES	YING CAUSES	OF DEATH?	
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		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	H	M. MONTH DA	Y YEAR						
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE		17	211. LOCATION				-	
	W	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE	
		22a.1 certify that (I) (this hospite	al) attended the	e deceased from	DECEN	MBER 11 10 85	to APRII	19	9 86	that (1) (we)	Inct
		saw the deceased alive an abave, (i) (we told (aid not			36, ar	nd that in (my) (our) opinion a	death accurred on the de		,		
	15	22b. SIGNATURE	view the body	atter death		DEGREE			22c DATE		_
		(AV)/	7			ATTENDING	MEDICAL STAI	FF .	22	1. 1	,
Н		22d. PHYSTOLAN SHAME (TYPE OR	PRINTI			720 ADDRESS NAVAL			MEDICAL	- FONOM	ANID
				ICNID							
-	22. D	J.P. RICE, LT	23b DATE		LAME OF C	NATIONAL CAPI	1234 LOCATION	, DEIH	ESDA, M	ID 208	14
		Burial  Burial				on National	Arlingto	n 1/5 ~	COUNTY.	STATE	
	-	JNERAL DIRECTOR	Whill	L) OU AL	TIME			-		. A. C. C.	Reg .
		hambers Funeral	Home	Silver	ring		PR 24 1986		IARO SIGNATI	UREancial	Name of Street
	C	nampers imierat	HOME	priver pb	TTITE .	Harry round A	1111 4 4 1304	20			

			STA	TE OF MARYLAND			
0-04201	1 -	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	8 6 REG. NO.	11/	8 8
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3 8 10	( i irr	ORPHA	M. 881	AUPRE,		4 15 86	1:40Am
oge 4 may be rector, page 3 urs after death	3. SE	Kemale 18	Caucin S. Date	OF BIRTH DAY YEAR OF O	6. AGE (IN YEARS LAST BIRTHI		UNDER 24 HRS OURS MIN.
death. Podenthin 72 hou	70. B	RTHPLACE (STATE OR FOREIGN 76. 1)		ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR  Mantgor	new Country OF DEATH	to MD.
offer of the f	10 C	Luer SPRING	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Health Care	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		USING OR
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysician and campletely filled in by spers. Pages 1 and 2 should be fill vol. it, the medical examiner missible in it, the medical examiner missible in	130.	TATE OF TOUNTY	BIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	3050 BI	rch St. M	33600
completely	14. F	ATHER'S NAME FIRST MIDE  GEORGE	pe Petri	15. MOTHER'S MAIDEN NA FIRST  Alvina.	WE	Will	
RE, incolu		VAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT Son	ADDRES	25956 Largo (	Court
ficate be execution and a popers. Pages in ordinal moders, and a popers,		10	325 03 861	9 Christopher	A. Beaupre	Damascus Md  APPROXIMA BETWEEN ONS	20872
RDS, 201 W. PRESTON ST. squires that the death certif is signed by the attending plane please remove carbons to burial, cremotion, ar remainly, or other traumatic even	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  (b) AS VID.  DUE TO, OR AS A CONSEQUENCE OF  (c) ADITIONS CONTRIBUTING TO DEATH BUT	5 Fass	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110	
he low re on.  has been reprior ows any in	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY? YES ☑ NO ☐	20b. IF YES, WERE FINDING! IN CERTIFYING CAUSES OF YES	S USED DEATH?
ON OF VITA HYSICIAN: The ding physicion is certificate I burial-transit Mental Hygies		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19	₹ [	RED (ENTER NATURE OF INJURY	IN ITEM TE PART I OR PART 2)	
DIVISION DING PHYSI or after this after the construction of the buring o	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR FOW	N COUNTY	STATE
OR: A COR. A COR	M	220.1 certify that (1) (this hospital) saw the deceased alive an above, (1) (we) (did) (did not) vi	ottended the desposed from  1981-8 1986  ew the body ofter death.	reb 1986 and that in (my) (our) opinion	death accurred on the date		ot (II (we) last uses stated
0 5 0 50 7		276. SIGNATURE TO THE SIGNATURE OF REAL PROPERTY OF THE SIGNATURE OF THE S	Senha	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	AND 4-13	SNED 5-86
TO HOSPITAL etained by # TO FUNERAL should be det with the State		myron L	ENKIN	51 Luer Sp	oring y	nd.	
Coppage	23a.	(SPECIFY)		CEMETERY OR CREMATORY	23d. LOVATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)		NAME trancis	J. Collinsopess Jr.	Α.	PR 2 1 1006	Fulia Davidson-Ma	-
(10, 10, 1)	50	O University Blud	. w. Silver Sprin	2, Md.	11/2 1 1300 13	Carried Manager	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH Amy Lillian Mathilda Carlson Bechan April 12, 1986  $3:00P_{A}$ 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR March 14, 1895 Female White BIRTHPLACE TATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Phelps Co., Ne USA Montgomery DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 3220 Farmington Drive Maryland None USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Chevy C 3220 Farmington Maryland Montgometry hase 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Otto Carlson Sophia Carlson ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO 3220 Farmington Drive-Chevy Chase, Mc Patricia P. Rosenquist-daughter (YES, NO OR UNKNOWN) I JIF YES GIVE WAR OR DATES no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: Heart failure: pneumonia 3 1/2 weeks IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Elderly status Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. Cellulitis of leg 3 1/2 weeks ago(on lantibiotics) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 One kidney(since 1918) Hypertension I OR DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF none 218. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deseased fram. 19 8 6 w the deceased alive an\_ , and that in (my) (aur) apinian death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the body attendents 12 SIGNATUIT DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LIVE OF PRINT 22e ADDRESS ROSENQ 3220 Farmington Drive-Chevy Chase, 131 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL North 1986 Fort McPherson National Cemetery-Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Stewart Duneral Benning Road NE (VRA 15, 4)



		,	FOR		DEPAR		E OF MARYLAND EALTH AND MENTAL F	IYGIENE	0 /		1 7	9 1
0-0473	8	1	STATE REGISTRAR			CERTIF	ICATE OF DEATH		S S REG. NO	D.	1 /	
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fre. p		3. SE)		4 RACE		5. DATE (		6. AGE	(IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN.
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ofter the f	Odiffied		ry or town of DEATH ethesda		HOSPITAL, NURS H FACILITY, GIVE STRI UTDAN		tal		york for most of Manage:		12b. KIND C INDUSTRY Da	of Business or
BALTIMORE, MARYLAND 2120 core be executed within 24 hours core by company that it by report for	36	13a S Ma			Rocky	NWN	13d. INSIDE CITY LIMITS YES 🛣 NO 🗌		EET ADDRESS /	ZIP CODE	se Ro	ad 20852
MARYL,	(5)		THER'S NAME  FIRST  Max	MIDDLE	Becke		Yetta	NAME	WIDDLE		unkno	wn)
TIMORE,			AS DECEASED EVER IN U.S. A ES NOOR UNKNOWN) Yes -	ARMED FORCES?  GIVE WAR OR DATES)	166 SOCIAL SE 577-03		Etta Becke	er; 95	ADDRE			
340	"		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per SED BY: ATE CAUSE (a)	CARI	PIAC	ARREST					MINUES
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certicottening physician.  (ffer this certificate has been signed by the attendance on the buriof-transit permit. Their please remove corbots the buriof-transit permit. Their please remove corbots the buriof-transit permit.	ohon, or roomotic		Canditions, if any, which	DUE TO, OI	A CULYE	RESP	IRATORY F.	ALLUI	28		6	HALRS
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AI RECC	shows on)	CERTIFICATION	19a DATE OF OPERATION			CH OPERATIC	N WAS PERFORMED	YES		IN CERTIF		
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IVISION IG PHYS offendin ter this c	rked or !	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY SEET, FACTORY OFFICE	E. FARM ETC )	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TTENDIN pital or TOR. Af	of Heolit		220.1 certify that (1) this has sow the decided above	pitol) ottended the	1000 19	X/A	nd that in (my) (our) opin	ian death occ	urred on the do	ate and have	r and from the	tha (1) we) last
TAL OR A by the hosp RAL DIREC detached it	NT: If Item		22b. SIGNAPLE	DEUM!	W Syl	8	DEGREE ATTENDING PHYSICIAN	MEDIC	CAL STAF		22c. DATE	21/86
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7 5 7 2	> 5		URIAL, CREMATION, REMOVA				EMETERY OR CREMATOR		OCATION CITY OR TOWN		COUNTY	STATE
BP			Burial	4-22-1			vid Mem. Gdr	ı. Fa	11s Chu	rch,	Virgin	ia
DHMH - 16 6	OM 7/B4		NERAL DIRECTOR				Maryland ***				RAR'S SIGNAT	TURE
(VRA 1S	, 4)	Da	nzansky-Goldbe	erg Chape	ls: 117	0 Rock	rille Pikan	0074	noe di	tio Nori	de The	J. 10.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Film G615 item 17

- STATE

5/28/86 ria

April25,1986 Wind Ridge Cemetery Burial Richhill 24 FUNERAL DIRECTOR \*\*Rogersville, Pa. Box 388 DHMH - 16 60M 7/84 (VRA 15, 4) Lantz-Rush Funeral Home P.O.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

76 HOUR

126 KIND OF BUSINESS OR

Plumb & Heating

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

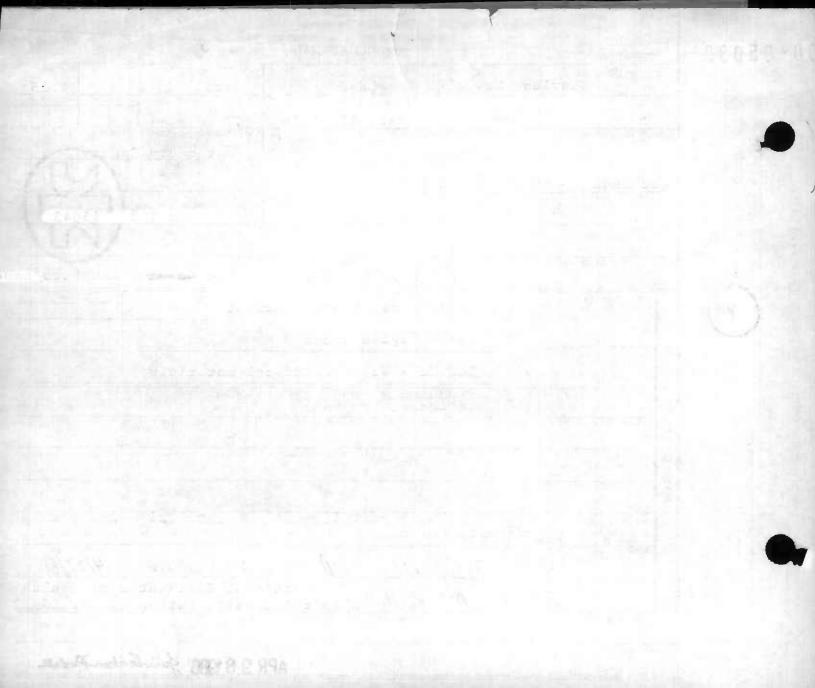
INDUSTRY

White

YES X

COUNTY

220 DATE SIGNED



					STATI	OF MARYLAND				
5720	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6	D	17	9 4
		CEASED NAME FIRST		MIDDLE	L	AST		MONTH DAY	YEAR 2b	HOUR
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	3. SE	X 1	4 RACE	21	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	HDAY) IF U		NDER 24 HRS
rs of	1	Male	Wh	ites	7-	-07-02	84	YRS		, MIN.
Popular Popular		RIHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? B MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
nero nero	1	IEW YORK	u.s	s.A.	WIDOWE		MONTGOM	DRY CE	MINNE	MD.
within	10_C	ITY OR TOWN OF DEATH	11. NAME OF			R OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126 KIND OF BU	SINESS OR
Sed th	SIL	VER SPRING	HOLY	Cross	Hospi	MIL	GARDENER			U.S. GOUT
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cio lers the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per						APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
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216		gove rise to immediate couse (a), stating the		R AS A CONSEC	DUENCE OF					
by sold.		underlying cause last.	(c)_							
igned en ple burid ury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
been si mit. The orior to ony inju	CERTIFICATION	19a DATE OF OPERATION	10h COND	ITION FOR WHI	CH OBERATIO	N WAS PERFORMED	20a AUTOPSY?	Table NEC IV	ERE FINDINGS	LISED
ne pr	FIG	170 DATE OF OPERATION	170 COND	ITION FOR WHIC	CH OFERATIO	N WAS PERFORMED		IN CERTIFYIN	G CAUSES OF	DEATH?
- 0 0	E	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F INTURY		21c. HOW INJURY OCCUR	YES NO	YES [		0 🛮
ol-tronsit tol Hygi		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH		The rook indokt occord	(ENTER NATURE OF INJU	CI IN IIEM IO PARI	(ORPARIZ)	
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the brond A	ME	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFIC	E FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
Afte of the nork	-	AT WORK AT WORK	1.15 1.14	1 11	17	APRIL 10 Q4	CC NO	711	01	
Heorem I is n	16	22a I certify that (I) (this hosp sow the deceased alive or	- JIAV	geceosed from	2/1	d that in (my) (our) opinion	death accurred on the de	te and hour an	00	(we) last
DIRECTOR ached for u Dept. of He If Item 21 is		abave, (Line) (did) (did n	at) view the bady			DEGREE	ocom occorred an me a		22c. DATE SIGN	
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State det	-	Walt	7/1	1100	//	PHYSICIAN 2	DIRECTOR   PHYSIC	IAN	11/1/11/10	-80
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should be deto with the State I			DOZH M	120		ן שאניול ויוים	1000 20	WITEN	1010 11	
		BURIAL, CREMATION, REMOVAL (SPECIFY)	L 23b. DATE	23	<b>A</b>	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	24 5	BURIAL	APRIL 2	8 1496	PARKLA	WN COMETERLY	ROCKVILLE,	MONT. CO.		AND
- 16 60M 7/84	14 +	UNERAL DIRECTOR	.,	ADDRESS		250. PAT	E REC'D. BY REGISTRAR	25b. REGISTRAR		
(VRA 15, 4)	10	HAMBERS FUNER	AL Hom	E SIWE	IN SPRI	NG. MAY	021986 9	wha David	ma- Brooks	00

Manager M. S. Start, American and American Manager Man The State of the S

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-03084	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	1196
noy be copies 3	1. DECEASED NAME FIRST (TYPE OR PRINT) ARLEST		Boukas	April 7	986 3:10 mm
ge 4 mc	3. SEX Female	4 RACE White	5. DATE OF BIRTH October 0.2, 1908		IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. Pa	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomer	A
by the full filled with	Bethesda	(IF NOTIN SUCH FACILITY, GIVE STREET,	Hospital	12ª USUAL OCCUPATION (TYPE ROME THE TWO RKING LIFE	1726. KIND OF BUSINESS OR
AND 21		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY  Bethesde	N 13d. INSIDE CITY LIMITS? YES NO	13-SIREE ADDRESS / ZIP CODE	. 20817
MARYLAND MARYLAND Maryland 1888 Maryland 188	FATHER'S NAME FIRST HATTY	MIDDLE Tangalos LAST	Stanta	Micholop Nicholop	oulos
BALTIMORE, cole resental ysicon and co pertition and color vol	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES, G	rmed forces? 16b. SOCIAL SECU VE WAR OR DATES) 578-86-		J. Boukas, Husban	d, same as #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificationed by the hospital or attending physicion.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be detached for use as the buriol-transit permit. Then please remove corbana with the State Dept. of Health and Mental Hygene prior to buriol, cremation, or remained warmants. If them 21 is marked or them 18 shows any injury, or other traumatic even	Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FJ  DI VIEW the body intel doubt  DR PRINT)  23b. DATE  23c. N	DEEDE STEEL	YES NO YES  RRED (ENTER NATURE MILES AND A MEM 18 PA  CITY OR TOWN  deoth occurred on the dote and hour  MEDICAL STAFF DIRECTOR PHYSICIAN 1	WERE FINDINGS USED THING CAUSES OF DEATH?  S NO ART LORPART?)  COUNTY STATE  CONTY STATE  TO THE COUNTY STATE  TO
BP	24/FUNERAL DIRECTOR	4/9/86 Gat	e of Heaven Comet	ery Silver Spring	
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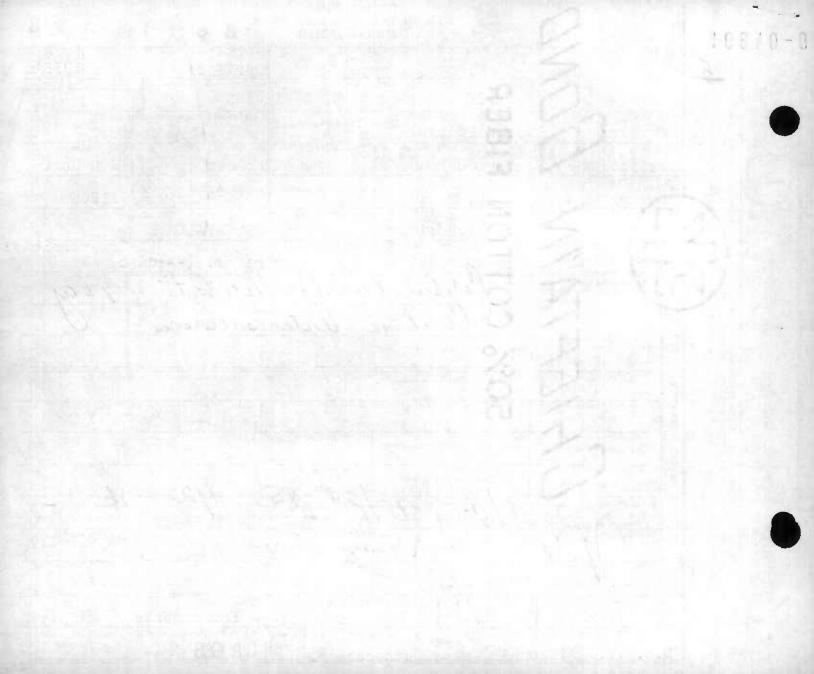
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Gate of Seaven Cometery Silver Suring, Paryland

(VRA 15, 4)

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ofter o		3 SE		4. RACE		5. DATE OF BI	RTH 28 189	AR .	(IN YEARS LAST B	~	IF UNDER 1 YEAR	
S JOOL	11	7a. B	IRTHPLACE   STATE OR FOREIG		i te F WHAT COUNTRY?	Feb.		_ 9 BALT	IMORE CITY	11101	OF DEATH	
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	De la	10. C	ITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURSIN		THER INSTITUTION		JAL OCCUPAT	ION	12b. KIND	OF BUSINESS
1	25		Rockville	Shady	Grove Adv	rentist	Hospital		'd Den			-emplo
	2/	USU 13a	AL RESIDENCE (IF NURSING HOSTATE 136	OME OR OTHER INSTITUTION	13c. CITY OR TOW	N 113d.	. INSIDE CITY LIMI	ITS?   I3e.STR	EET ADDRESS	/ ZIP CODE	U	
9	1			ontgomery	Gaithers		S K NO		7-B N	Summit	Ave.	(2087)
i	20	14 F	ATHER'S NAME	WIDDLE	LAST		MOTHER'S MAIDE		MIDDLE			AST
ź	2		Thomas	D.	Broderi		Grace		-		Rig	
3	0 1		4.4	S. ARMED FORCES' (ES. GIVE WAR OR DATES)			INFORMANT	Wife		107-B		mmit A
į	1		No	-	263-78-6	399 M	largaret	M. Brod	erick	Gai the		
١			18 CAUSE OF DEATH (En	ter only one cause p	er line for (a), (b), and	d (c).)	0 0	/) .	1	11	BETWEEN	XIMATE INTERVAL NONSET AND DE
d				EDIATE CAUSE (o)_	mo	all.	bowel	obstra	relies		da	40
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	2		Conditions, if any, whi									
			gove rise to immedia couse (a), stating t		OR AS A CONSEQUE	NCE OF						
d	E O		underlying couse lo		OR AS A CONSEQUE	INCE OF						
1	0		PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO E	DEATH BUT NO	T RELATED TO THE	E TERMINAL DIS	SEASE OR CO	NDITION GIV	EN IN PART I	lin'
d	one.	Z	chrox	1	un smal	in						
A Assess	10	CERTIFICATION	190 DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATION W	AS PERFORMED	20a.	AUTOPSY?	206. IF YES	, WERE FIND	INGS USED
9	17	Ĕ						YES	Пои		YING CAUSE	S OF DEATH?
4.0	00	1 2	210. ACCIDENT WAS UNDERLYIN		OF INJURY	21	. HOW INJURY O					
	118	1	OR CONTRIBUTING CAUSE	OF DEATH		AY YEAR						
di n	or Hem	MEDICAL	1# EITHER, NOTIFY MEDICALEX.		P.M. E OF INJURY	19	LOCATION					
	o rked	A.	WHILE NOT WHILE	JAT HOME,	STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR T	OWN	COUNTY	STATI
	E	78	22a.1 certify that (1) (this	harnital) attended	the decorred from		10.4	82	4/1	19	10 86	that (I) (we)
	20	-			A - C	Co and th	ot in (my) (our) op	punion denth oc	urred on the	Inte and hour		
0	E .	- 1	sow the deceased ali above, (1) (we) (did) (c	did nat) view the boo	y ofter death.			prinon deom oci	orred aprille (	aore ona noor		
If the	=		ALD SIGNATURE	10. n	-1	DEG	ATTENDI	ING . "MEDIO	CAL STA	AFF	TR. DAT	ESIGNED
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	<u> </u>	23a	BURIAL, CREMATION, REMO		23c. N	NAME OF CEME	TERY OR CREMAT	TORY 23d L	OCATION	17 10 - (7)	3.10.	
			Burial				Cemeter		hnstown	n Ca	county	STATI
	92	24 F	UNIFICAL DIRECTOR	00 3		Diamon	The second secon	Sa DATE REC'D.				
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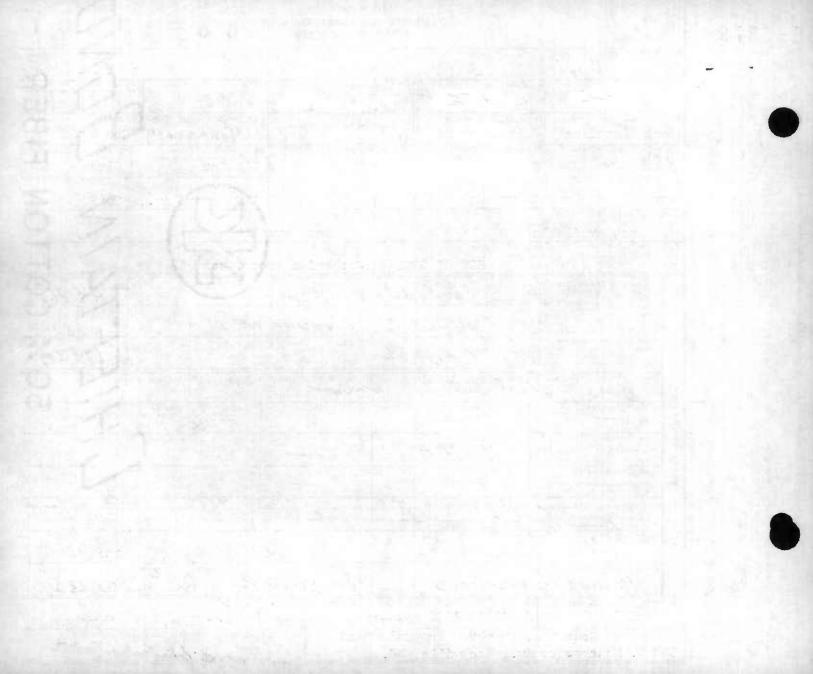
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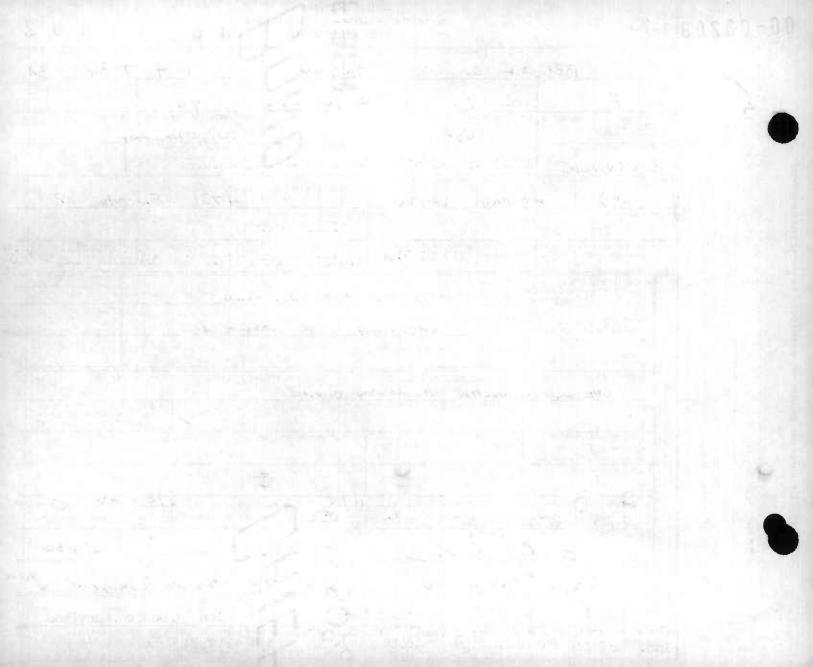
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	1-	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAI OF HEALTH AND M RTIFICATE OF DI	ENTAL HYGI	ENE 8 6 REG. NO	0.	8	0 0
0		CEASED NAME FIRST	AE BROOKS		LAST	BELL!	APRIL 25			Hour 0:34 am
	3. SE		4. RACE BLACK		ATE OF BIRTH		6 AGE (IN YEARS LAST BIR		1 YEAR IF	U:34 Am
0	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT UNITED ST	COUNTRY? 8	ARRIED X NEVER M.		9 BALTIMORE CITY O		ATH	MD.
ď,	В	ETHESDA	NAVAL HOS	TAL, NURSING HO	ME OR OTHER INSTI	TUTION	COSMETOLO	E WORKING LIFE) INDL	IND OF BU ISTRY <b>ivate</b>	USINESS OR
200	13a_S	AL RESIDENCE (IF NURSING TO A STATE LARYLAND P. 13		TEMPLE H	ILI 13d. INSIDE CIT	.0	1325PET ABORESE	ÍS PLACE	204	20748
6		ATHER'S NAME CLIJAH NMN FRANK	LIN	LAST	MARY E	LLA WO			LAST	
2	160 V	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES	66-32-078			BROOKS TEMP	SEDALLIS I		
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A	A CONSEQUENCE (	OF	O THE TERMI	nal disease or con	DITION GIVEN IN P	ART No	
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPER	ATION WAS PERFOR	MED	YES NO	20b. IF YES, WERE IN CERTIFYING C YES	AUSES OF	
/	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ASSESSED OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER AT WORK  220.1 certify thotXIX this hospi sow the deceased alive on above. (I) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	HOUR A.M. A.P.M.  21e PLACE OF IN. (AT HOME STREET, FAC	JURY CTORY, OFFICE, FARM, ET  Prosed from	MARCH  , ond that in Xy) (c	, 19 <u>86</u> our) opinion de	CITY OR TO  , to 25 APR eoth occurred on the do  MEDICAL STAF DIRECTOR PHYSIC	wn cou	NIY	
		JOHN H. EDMUN			22e ADDRESS	NAVAL	HOSPITAL,	NAVAL MEI	ICAL BETHE	SDA, MD
4	(	SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL JUREAL DIRECTOR ALEXANDER S. I	23b. DATE 4/29/86	Arlin	of CEMETERY OR CE	na1 Cer	23d. LOCATION CITY OR TOWN	COUNTY CON Virgi	<b>nia</b> GNATURE	STATE

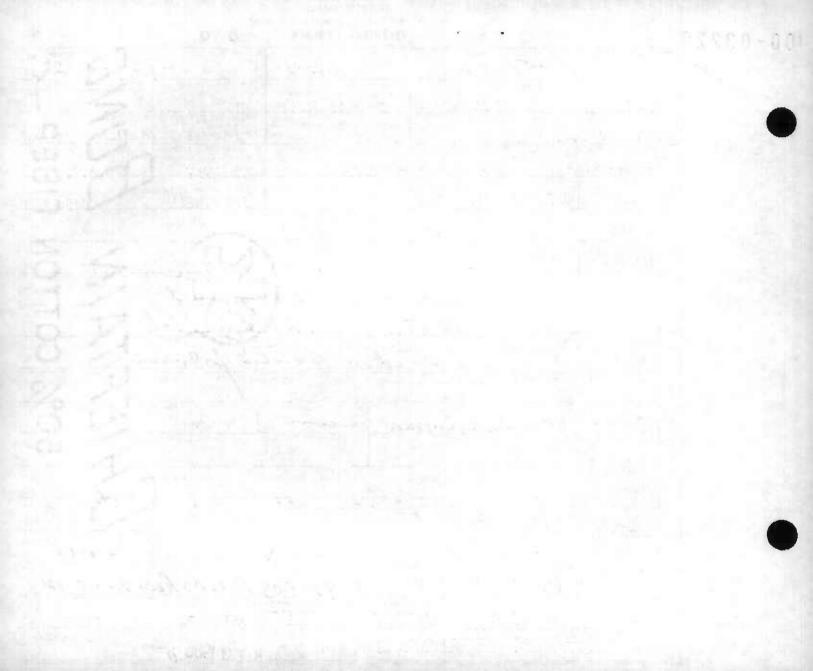


				STAT	E OF MARYLAND				
00-03209	1.	FOR STATE	DEP		EALTH AND MENTAL HYC	0 /		1 2	0 2
00 00203		REGISTRAR		CERTIF	ICATE OF DEATH	O REG. NO.	1	1 0	0 27
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH M	ONTH DAY	_	2h HOUR
d eg		BEVL	AH B.		BROWN		4 9	86	34M
OE SO	3. SE		RACE	5. DATE C		6. AGE (TH YEARS LAST BIRTH	DAY) IF UN	NDER I YEAR	IF UNDER 24 HRS
s of to	1	F	White	MONIT	9 14 07	79	YRS.		7,574
So so so			b. CITIZEN OF WHAT COUN	NTRY? B	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
eoth control	N	aryland	USA	WIDOW		Montgome	ry Cour	ity	MD.
9 3 8	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			120. USUAL OCCUPATIO		26. KIND OF	BUSINESS OR
The state of the s	1	BURTONSVILLE	15722 New Co.	lumbia P	ike ( Rte.29)	Housewife	VORKING EIFE) I II	NDOSTKI	
212	13a S	AL RESIDENCE (IF NURS IN IDEN OR OTATE	OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY OF	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 1	7IP CODE	71	0360
ND 24				MIDN	YES NO	4781	TEN O	Ares !	en.
the state of the s	IA FA	THER'S NAME	AIDDLE LAS		15. MOTHER'S MAIDEN NA				
MAR w ba	1	Ira Gray	ADDR	21	Effie Gor	don		LAST	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician.  We have certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Paged, and 2 movid be filled in by an Amental Hygiene prior to buriol, cremation, or removal.  Or ked or them 18 klows any injury, or other traumanic event, the medical examiner register in a corked or them.	16a. V	VAS DECEASED EVER IN U.S. ARA		SECURITY NO.	17. INFORMANT	ADDRES	DUL	tonsvi	lle Md .
IMOR n and Page	1	(IF YES, GIVE	war or dates) 217	22 7168	Lucille Burt	on 15722 New	Columb	oia Pi	ke 20866
Sicro pers		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (o), (	(b), and (c).1			I	APPROXIM BETWEEN O	NATE INTERVAL
phy phy on po emov			CAUSE (o)	ETASTATIC	4 DENOCARCE	ronf			
ON ding or report of received or received			DUE TO, OR AS A CON	SEQUENCE OF					
deort deort ove c fion,		Conditions, if any, which		ARLINOM	A OF F	PANREAS			
the of the emotion of		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF					
hot hot by sose of, cr oth		underlying couse last.	(c)						
ires in pled n ple buric		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	TION GIVEN	IN PART Iro	1
RDS	ON	Compare o			BY DISEASE				
ow r	CAI	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	ERE FINDING	GS USED
The k	CERTIFICATION	DEFENDANCE OF THE PARTY OF THE				YES NO	YES [		NO 🗆
VITAL BAN: The hysicion. ficote ho fronsit per 1 Hygiene 18 Moor		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM TB PART I	OR PART 2)	
SICIA ng ph certifi criol-ti innol-ti	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19		ESTERNISHED			
PHYS of His of Man	(ED)	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE FARM ETC.)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
DIVIS or otter After the e os the olith one	2	AT WORK NOT WHILE AT WORK		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
L or		22a.1 certify that (1) this hospit			11/15 1982	, to			hot ((we) lost
Spiro CTO for of th		saw the deceased alive on above (If ()ve) (did) (fid not	wiew the body diter death.	1996_, o	nd that ir (my) our) opinion	death occurred on the date	e and hour and	d from the co	ouses stated
Of A DIRECT DIRECT Doched for Dept. of Item 2		226. SIGNATURE	01	/	DEGREE		7-1-11	22c. DATE S	
		Ever	and hole		ATTENDING PHYSICIAN	MEDICAL STAFF	N 🗌	4/9	186
E 9 E 9 S		22d. PHYSICIAN'S NAME (TYPE OF	i pyrigiti		22e. ADDRESS				200-0
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5 5 5 4 3 X	23a E	URIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATORY	23d. LOCATION		MINITY	STATE
BP		SPECHY)Burial	April 12'86	Provid		Glenelg,	Howard	, Mary	Land
DHMH - 16 50M 4/83	24 FI	o. 4112 old Col	H Witzke & Fa	mily Fur	neral Home250 DA	TE REC'D. BY REGISTRAR 25	REGISTRAR	SSIGNATU	IRE OTTOR
(VRA 15, 4)	In	c. 4112 Old Col	umbia Pike El	TICOLL (	TLLY /	14 1 0 1986	wishing	tordon-;	



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	1					OF MARYLAND			
00-03229		FOR STATE REGISIRAR		DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	SIENE 8 6	0.	8 0 4
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ar, po	1 SE3		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER TYEAR IF UNDER 24 HRS
age		EMALE THPLACE (STATE OR FOREIGN	CAUC	MAT COUNTRY?	7	15 1894	9 BALTIMORE CITY O	YRS.	NEATH.
death. P	WAS	SHINGTON D.C.	USA		WIDOWE			GOMET	
by the f	10 01	ETHESDA		HOSPITAL, NURSIN CHEACILITY, GIVE STREET	ADDRESS)	SPITAL	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE		KIND OF BUSINESS OR NOUSTRY
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours vysicion and completely filled if by capers. Pages 1 and 2 should berild by old.	13n S1	L RESIDENCE (IF NURSING HOME OF TATE 13b. COUR RYLAND MONT C	OTHER INSTITUTION	GIVE RESIDENCE BEFOR 134 CITY OR TOW POTOMAC	E ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS A		20854
makri, and makri, and a si	1	THER'S NAME CHOLAS	MIDDLE	CAFFREY		MARGARET	MIDDLE		MURTH
MORE, and ca		AS DECEASED EVER IN U.S. AR	MED FORCES?	213-42-9		17 INFORMANT RITA M. WALSH	ADDRE	SAME A	
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)	TE CAUSE (0)		dic.	. 6	faclus	00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN: The law requires that the death certificate this certificate has been signed by the attending pass the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or remarked them 8 shows any injury, at other traumatic even	Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	{ DUE TO, C	DR AS A CONSEQUI	legt ENGE OF	n research to the term	Con for Con	DITION GIVEN IN	N PART 1(0)
At RECORD The law requires train. e has been s streemit. The green prior te	RTIFIC	3- 24-86	Ca	reings		N WAS PERFORMED	200 AUTOPSY? YES NO		RE FINDINGS USED CAUSES OF DEATH? NO []
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IVISION  JG PHY  after this  ter this  sthe but  h and M	MEDICAL	WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC )	21f LOCATION STREET	CITY OR TO	wn (	COUNTY STATE
TTENDIN pital ar TTOR: Af far use o af Health		22a. I certify that (I) (this haspi sow the deceased alive on bowe (I) (we) (did) (did of	4-	5 19 6	3- 7 5- , an	d that in (my) (our) opinion	death occurred on the de	ate and hour and	that (I) (we) last from the causes stated
ITAL OR A by the hos RAL DIREC detached tote Dept.		THE STONAL USE OF C	arre	Rus			MEDICAL STAI		220 DATE SIGNED 4-6-56
TO HOSPITAL TO FUNERAL should be det with the State			ARRIC			FOG VIER		ROCK VI	ILLE ANS
BP	B	JRIAL, CREMATION, REMOVAL URTAL	4/9/1	986 AR	LINGTO	ON NATIONAL	RY 23d LOCATION CITY OF TOWN ARLINGTO		VIRGINIA
DHMH - 16 60M 7/84 (VRA 15, 4)	50	NERAL DIRECTOR FRANCI:  0 "UNIVERSITY B	S J. CO LVD. WE.	LLINS, JR ST SILVER	SPRI	JG MD	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR 1. DECEASED NAME 20. DATE KNOWN X1 2h HOUR (TYPE OR PRINT) OF ESTI-4/22 Jeannette DEATH MATED 1986 Fav Brown 3 SFX IE UNDER 24 HRS 7 120 DATE YEAR LAST BIRTHDAY) PRONOUNCED .86 17, White 1904 DEAD Female To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Montgomery County DIVORCED Wisconsin 20 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 10511 Lorain Avenue Silver Spring 20901 School Teacher 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Silver Spring 10511 Lorain Avenue Maryland Montgomery YES [ NO [ 20901 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Jeannette Frank Meyers Stephenson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT Daughter 855 Woodrow Ave. (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! Anno Hoitzonrater 214-28-9180 Waynesboro, Va. 22980 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute myocardial disease. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NWARDED TO THE CHIE R: PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF D, 21201 PRIOR TO BURIA None YES | NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN NOT WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** 4/23/86 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road PAGE 4
TO FUNE
AFTER DE John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Apr. 25, 1986 Parhlaum Cemetery 07/84 Rochwillo 25M Francis J. Collins. Jr. **DHMH - 17** (VR A15 ME (5)) 500 University Blvd. W. Silver Spring.

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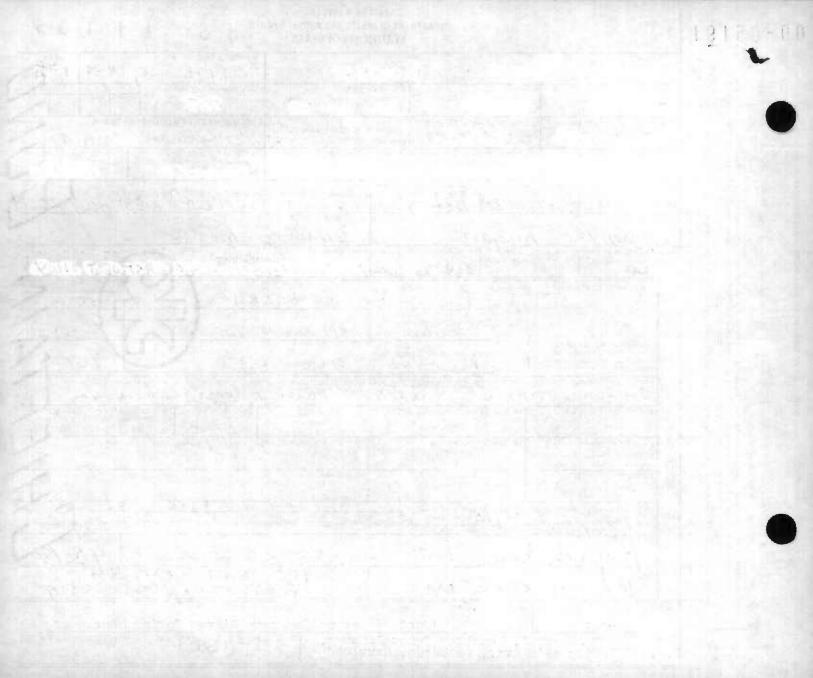
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OE O	3. S	EX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U		THS DAYS	IF UNDER 24 HRS		
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TO HOSPITAL TO FUNERAL Should be det with the State		RALPH	COAN MY	22e. ADDRESS 4 400	EXST W	FTT Md	454	814		
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DHMH - 16 60M 7/B4	24 I	FUNERAL DIRECTOR Rober	t A. Pumphrey Fu	neral Homes 250. DA	TE REC'D. BY REGISTRAR 2	Sh. REGISTRAR	STIGNATO	JRENA MS		

Burial 29, 1986 Gate of Heaven Pumphrey Funeral Homes, P.A., 7557 Wisconsin Ave., Bethesda, Maryland

(VRA 15, 4)



My Fathers Name  Mode Date of Operation  Test of the property	1-01503	1-	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYC FICATE OF DEATH	B B B	NO.	8 0 8
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22a   certify that (I) (this hospital) attended the deceased from 4-19 19 00 to 4-23 19 00 that (I) (we) lost saw the deceased alive an 4-22 19 00 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (Idid) (Idid not) view the body after death.	ST., g ph on p	- 11			1100E	NIC SHO	CK		
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220 PHYSICIAN'S NAME (TYPE OR PRINT)	NER DE STE	1	220 PHYSICIAN'S NAME TYPE O	OR PRINT)		22e. ADDRESS			20904
Dr. Patricia Gurny, M. D.   11161 New Hampshire Ave. Silver Spring, MD	HO POR th th		Dr. Patricia	a Gurny, M. D.		11161 New H	ampshire A	ve. Silver	
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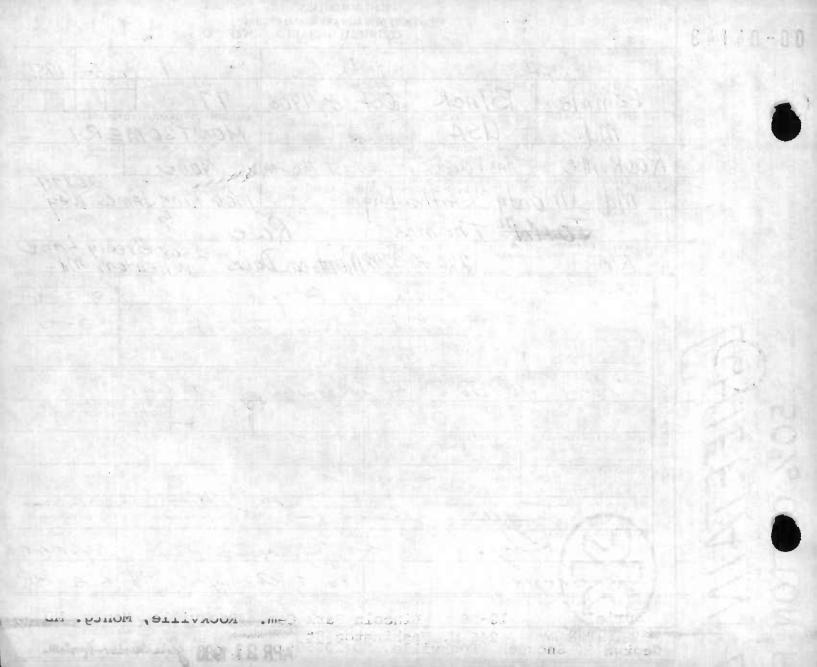
University Blvd. W. Silver Spring

(VRA 15, 4)

STATE OF MARYLAND

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	STATE OF MARYLAND	
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BAL open	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)  PARTI. DEATH WAS CAUSED BY:	_
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D 2 4 0 5 0	220.1 certify that (1) (thus haspitely attended the deceased from	last
一	sow the deceased alive on 19 , and that in (my) (and opinion death accurred on the date and hour and from the causes state above, (I) (we) (did) (did not) view the body after death.	
· · · · · · · · · · · · · · · · · · ·	22b. SIGNATURE DEGREE 22t. DATE SIGNED	
4 4 4 8 E	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   STAFF PHYSICIAN DIRECTOR PHYSICIAN	-
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56 50 5	230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	F
BP	Burial 4-18-86 Lincoln Park Cem. Rockville, Montg. MD	
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR 246 N. ADD Washington St 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	19.
(VRA 15, 4)	George R. Snowden Rockville, MD 20850 APR 21 1938	



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	t a	3. SEX		4	RACE		S. DATE O	F BIRTH DAY YEAR		GE (IN YEARS LAST BIRTHDAY	MONTH	DER I YEAR	HOURS MIN.
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	show with	23a Bi	URIAL, CREMATION,	REMOVAL	23h DATE	1236	NAME OF C	EMETERY OR CREMAT	IORY 12	3d LOCATION	700		71.51
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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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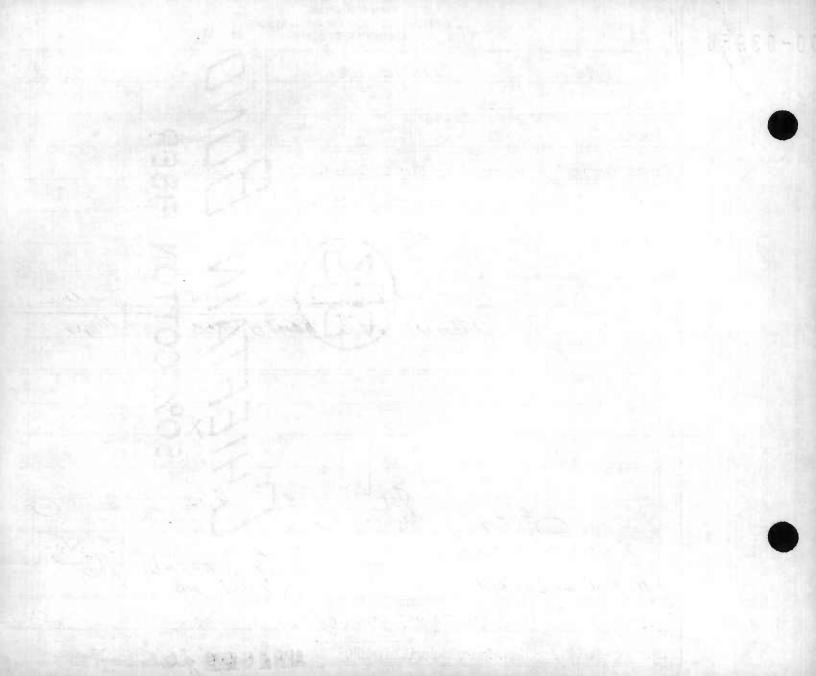
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STATE OF MARYLAND

DHMH - 16 60M 7/84

(VRA 15, 4)

Danzansky-Goldberg Mem. Chps. Rockville, Md20852



filled in by the funeral director, page 3 and be filed within 72 haurs after death njury, or other tra TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please may the State Dept, of Health and Mental Hygiene prior to burial, cre-IMPORTANT: If Hem 21 is morked or Hem 18 shows any

1 - FOR STATE REGISTRAR	
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH	8 6 REG. N	O	1 0	
	CEASED NAME	FIRST		MIDDLE		TAST			DAY YEAR	2b. HOUR
(179)	OR PRINT)	Mary	E.		Car	nnon	April 12	, 1986	5	4:30 AM
3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	IHDAY}	IF UNDER I YEAR	
	Female	Politi	White		May	15, °1895 YEAR	90	YRS.	MONTHS DATS	HOURS MIN.
	RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA ABBIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	YOFDEATH	
	Ireland		USA	Marie Services	WIDOW	DIVORCED	Montgomery			MD
	TY OR TOWN OF ckville	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET LAC VALLES	ADDRESS)	sing Home	120 USUAL OCCUPATION OF CLERK		FEI INDUSTRY	
	AL RESIDENCE (#	NURSING HOME O		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	124 STREET ADDRESS	/ 7IB COD	c	
	rvland		gomery	Rockvill		YES NO	1235 Potom	ac Va	lley Ro	oad 20850
	THER'S NAME	1 11011	on onici,	INCCINITI		15. MOTHER'S MAIDEN NA				
Th	omas FIRST	(Unava	ailable)	Cannon		Bridget	(Unavaila	ble)	Biggi	ins
	VAS DECEASED E			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	.55		20895
- 1	YES NO OR UNKNOWN	27	one war or dates)	578-03-2	240	Mary M Dugan	0606 Cable	Dm	Kanging	
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MEDICAL CERTIFICATION	196 DATE OF OP	ERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		IF UNDER I YEAR IF UNDER  WANTHS DATS HOURS  YRS.  UNITY OF DEATH  KING LIFE   12b KIND OF BUSIN INDUSTRY USGOV't.  CODE Valley Road 2  E) Biggins  208  T. Kensington  APPROXIMATE NAME  BETWEEN PART 1 to 1  IF YES, WERE FINDINGS USE  CERTIFYING CAUSES OF DEA  YES  NO [  ICAM 18. PART 1 OR PART 2)  COUNTY  COUNTY  219 86, that (I) (I) of the four and from the causes st	
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음	21d INJURY OC		21e. PLACE		19	211 LOCATION				
ME	WHILE NO	T WHILE	(AT HOME STR	REET, FACTORY, OFFICE, F.	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
			Apri. ot) view the body	e deceased from_ 1 12 19_	26	nd that in (my) (our) opinion	death occurred on the de	12 ste and hor		that (I) (we) last causes stated
	22h SIGNALORE	me	TH	000	. /	DEGREE  ATTENDING PHYSICIAN P	MEDICAL STAI		22c. DATE	SIGNED
	224. PHYSICIAN	S NAME (TYPE	OR PRINT)		71	220 ADDRESS		H MONTH DAY YEAR 20.  2 1986  SI BIRIHDAY)  IF UNDER LYEAR IF U MONTHS DATS HO  YOR COUNTY OF DEATH  TY  PATION DISTOF WORKING LIFE!  ISS / ZIP CODE OMAC VALLEY ROAD  LEADLE)  Biggins  DRESS  LEADLE  Biggins  DRESS  CONDITION GIVEN IN PART 110  20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES  IN JURY IN ITEM, 18. PART 1 OR PART 2)  DRIOWN  COUNTY  112 19 86, that the date and hour and from the causes of the date and hour and and ho	70-	
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

O HOSPITAL OR

24 FUNERAL DIRECTOR DeVol~Funeral

230. BURIAL, CREMATION, REMOVAL (SPEC Burial

Home, Inc.,

23b. DATE April

Mant Olivet Cemetery

Washington, D. Cuniy

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		CEASED NAME	FIRST		MIDDLE	1.4	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
page 3			LI	LLIE MA	RTIN CARL	ETON		APRIL 9	1986_		7:35 PM
pod .	3. SE	Х		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS.
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filled in	13a. M	AL RESIDENCE (IF NURS STATE ARYLAND	13b COUNT	OTHER INSTITUTION NTY GOMERY	BURTONS	ADMISSION) VILLE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2819 DUVA		2	0866
Page 14. FATHER'S NAME FIRST CLAYTON  CLAYTON  160 WAS DECEASED EVER IN U.S.				MIDDLE ARTIN	LAST		15 MOTHER'S MAIDEN NAM FIRST RUTH	AE MIDDLE EGELSTON		LAS	T
Pages 1		WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
Page	1	NO	(# 163.01	e transcription	364-40-7	923	WALTER M. CAI	RLETON, 2819	DUVALL	ROAD	
d by the attention phy lease remaining the particular of the from the particular of	A PAINTER AN	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which nediate g the lost.	DUE TO, O  (c)	R AS A CONSEQUE	NCE OF	RY ARREST				
Then p ta bur injury,	z	PART 2 OTHER SIGN	NIFICANT (	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 1	a
low is been prior a prior a sony		190 DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	NGS USED OF DEATH?
aing physicion is certificate his burial-transit p. Mental Hygien referred 8 show		21a, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DE	HOUR A.	DE INJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	PED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
or attending physician.  After this certificate ha te as the burial-transit pi oith and Mental Hygien  marked ardem R show	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TOR: Affor use a of Health		27a. I certify that (I) saw the decease abave, (I) (we) (c	(this hosp	APRTI.	9 19 8		I. 9 , 19 86 and that in (my) (our) apinion of	, toAPRII. death accurred on the do			that (I) (we) last causes stated
5 000 F		778 SIGNATURE	25	Li.			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	10 ATE	SIGNED
VERAL be det FANT:	1	THE PHYSICIAN SAL	ME TIME	DEFENCE			22e. ADDRESS NAVAL	HOSPITAL,	NAVAL M	EDICA	L COMMAN

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

Removal

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

24 FUNERAL DIRECTOR

GRIFFEN, III, LT, MC

236. DATE

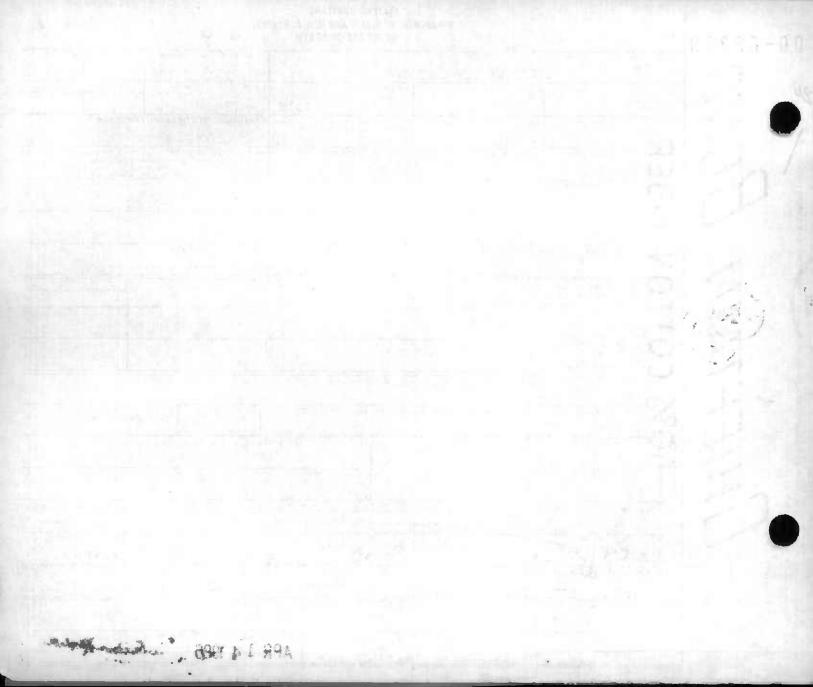
4-10-86

23¢ NAME OF CEMETERY OR CREMATORY

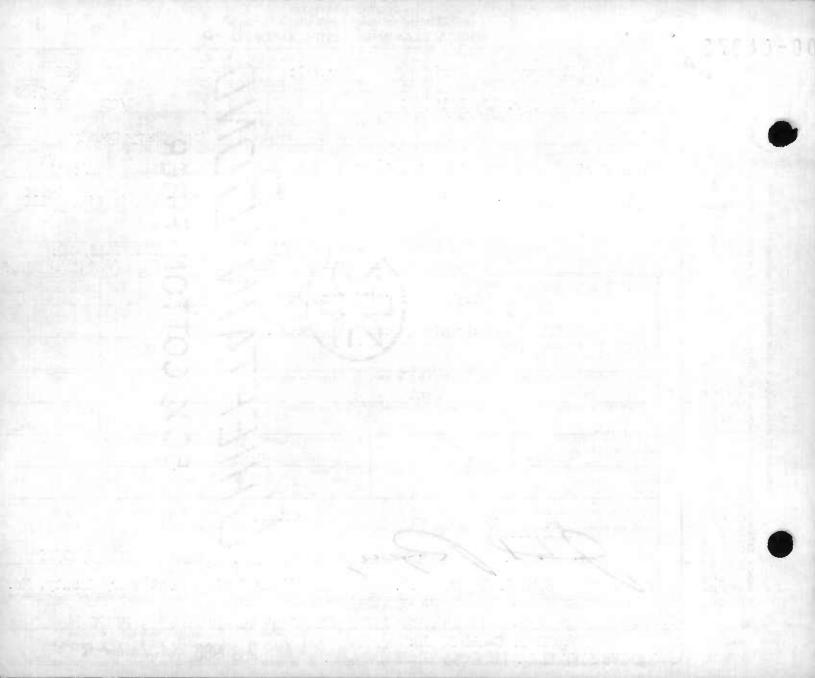
250 DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE.

23d LOCATION

NATIONAL CAPITAL REGION, BETHESDA, MD 20814



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN XI MONTH TYPE OR PRINT OF ESTI-N 72 HOURS TON STREET, Uhrin Eleanor Carnvale 4/23 1986 YOUR FILES 4 RACE 6 AGE (IN YEARS DATE 8: 00 P PRONOUNCED DEAD White 21, 1910 76 Female. Apr. 1986 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY PENNSYLVANTA USA WIDOWED DIVORCED X Montgomery County ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY REGISTERED NURSE 12001 Old Columbia Pike, #215 Silver Spring MEDICAL. 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? NO  $\square$  13001 01d Columbia Pike, #215 Silver Spring Maryland Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE UHRÎN UNKNOWN 166 SOCIAL SECURITY NO. DAUGHTER ADDROCKVILLE, MD. 213-40-7992 ELAINE DIEPENBROCK 4324 BRETTON ROAD 2085: APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which chronic myocardial disease. gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stoting the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION None 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20 AUTOPSY? None YES NO X 3 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNEAL DIRECTOR: PAGE AETER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a. I certify that I took charge of the remains described above, held an and in my apinian Natural causes X Undetermined manner Suicide TITLE (SPECIFY) ACTUAL DATE 4/23/86 Deputy 1919 Seminary Road SIGNATURE EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 23d LOCATION CREMATION APR. 24, 1986 METROPOLITAN CREMATORY ALEXANDRIA VIRGINIA 07/84 25M FRANCIS J. COLLINS, JR. **DHMH - 17** (VR A15 ME (5) 500 UNIVERSITY RIVD WEST STIVER SPRING.



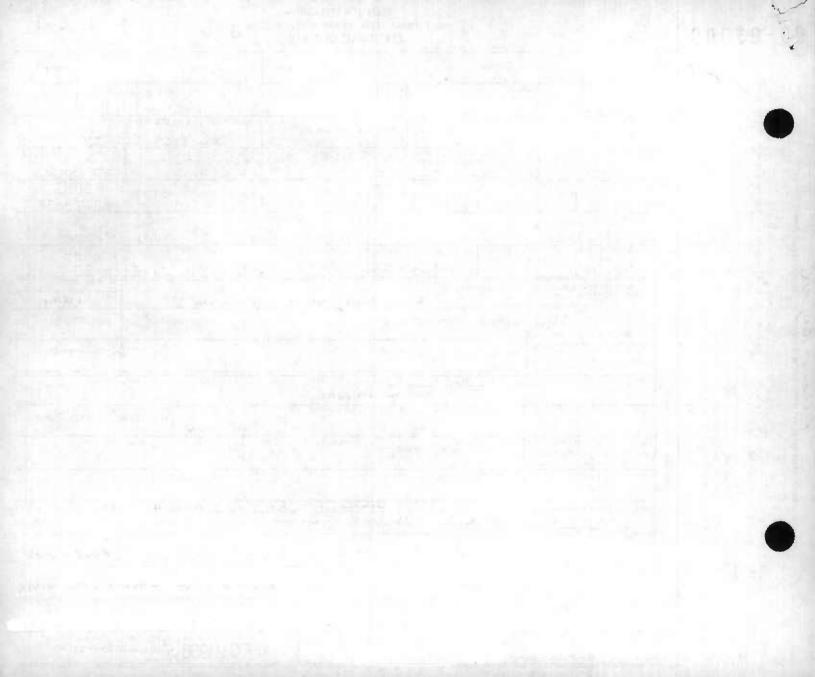
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME Zu. DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) HOOPER LOLA CARR April 23 1986 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH January 17. 83 years Female White 1903 To BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY TISA Pennsylvania WIDOWED DIVORCED X Montgomery County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Kensington Private Secretary Private 10225 Kensington Parkway USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 20895 136. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? YES 2 NO 10225 Kensington Parkway Maryland Densington IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME Adelaide (unavailable) Chilcoate Jessie unavailable Hooper 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 3219 Park View Road, Chevy Chase Shirley A. Mammarella, Daughter, (208) (YES, NO OR UNKNOWN) 222-10-1169 No None 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY MYOCARDIAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF AROERIOSCI BROOK Canditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO [ 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 71d. INJURY OCCURRED 71e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 270.1 certify that (1) (This haspital) attended the deceased from 85 sow the deceased alive on. , and that in (my) tour) opinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22c DATE/SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22 ADDRESS DNNECTICUT 当事 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION Apr. 26, 1986 Burial Union Cemetery Union. Pennsylvania Funeral Home Inc. 750. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 2222 Wisc. Ave., NW., Wash., (VRA 15, 4)

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1				STATE OF MARYLAND			14
04035	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		1 1 8 2	U
/		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH		
poge 3		Sally	Harnsberger (	Carruthers	April	15,1986 4:2	Opm
Lipo Hero	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI		HRS.
o su		Female	Caucasian		914 71	YRS.	No. 11-4
Por Si Cal	7a 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	9 BALTIMORE CITY OF		
60/		ew York	United States	WIDOWED DIVORC	Montgomer	y County,	MD.
O Gied		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN 3730 Manor Road	G HOME OR OTHER INSTITUTI DDRESS)	ON 12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Administrat	WORKING LIFE) INDUSTRY	S OR
owld be	13a	STATE 136 COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE  NTY  GOMERY  Chevy  Ch			ZIP CODE Road. 20815	
d 2 sh	14 F/	ATHER'S NAME	who have	15 MOTHER'S MAI			
Tond I ond	R	obert Stephen	Harnsberge	r Sally	Vest	Jackson	
58 9		VAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	8510 DEE	ongfellow Place.	_
Poge medi	- (	YES, NO OR UNKNOWN) (IF YES GIV	140-24-0	893 Sally M.		Chase Maryland 2	<b>0815</b>
of.		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a).	fiel •	thevy t	APPROXIMATE INTERVA BETWEEN ONSET AND DE	
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arng or re tic e		WWEDIA		CANCA			
on, o		Conditions, if any, which	DUE TO, OR AS A CONSLIQUE	2(121)		STORING VALUE OF STREET	
moti		gave rise to immediate cause (a), stating the	(6)	105.05			
cre othe		underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF			
pleo urial		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONC	NITION GIVEN IN PART 110	=
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ony i	AT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED	
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OF		OR CONTRIBUTING CAUSE OF DE		AY YEAR			
ed or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION			
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hork			Carlo and a find about a selection of the selection of th		78 411	T 66	
is i		220. I certify that (I) (this hospi saw the deceased alive an			appropriate death accurred on the day	te and haur and from the causes state	
m 2		abave, (1) (we) (did) (did no	oti view the body after death.	DEGREE	aprillari dediri decorred on me da	22c DATE SIGNED	
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300 W. Montgomery Rockville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)



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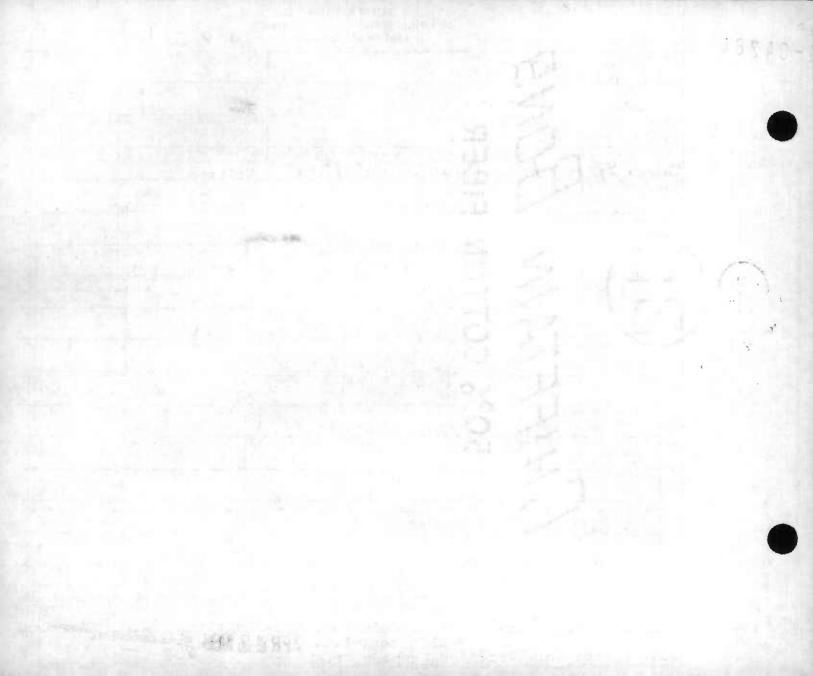
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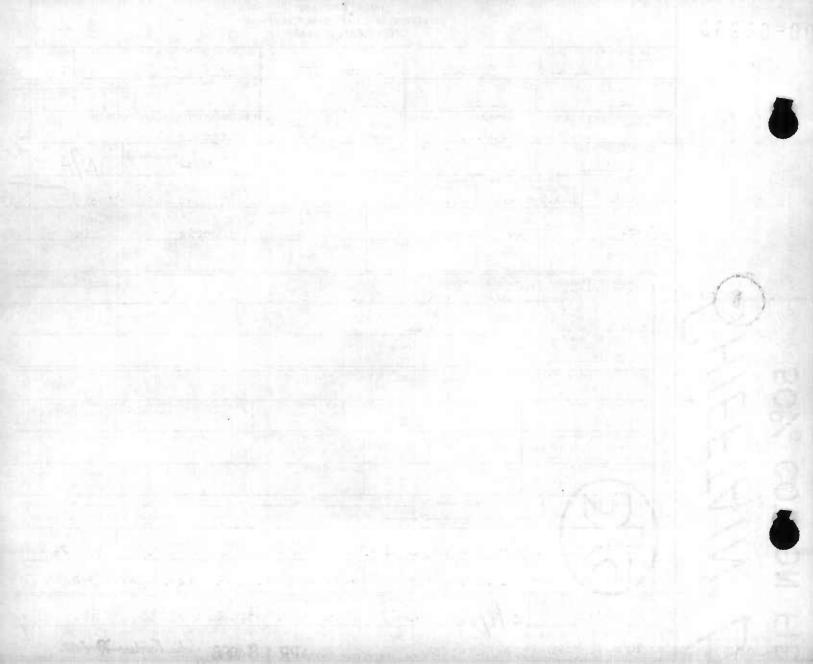
STATE OF MARYLAND

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STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR FIRST (TYPE OR PRINT) Robert April 9, 1986 Tyrone Coates. 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE UNDER 24 HRS. 3 SEX Male Apri 7 1986 04 Black BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED | Montgomery O. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION
(TYPE OF WORKING LIFE) 12b. KIND OF BUSINESS OR HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY Rockville Shady Grove Adventist USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UN COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 18447 Lost Knife Circle Maryland Gaithersburg Montgomery YES XX NO A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert Tyrone Coates. Jr. Tujuana. Sherie Smith IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. HEYES GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: (23 WEEK GESTATION FETUS PREVIARLE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF EED Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? N/A N/A NO NO F 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 10 PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased from\_ sow the deceased alive an obave, (1) (we) (did) (did nat) view the bady after death. \_\_ and that in (my) (aur) apinion death accurred an the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c DATE SIGNED should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MEDICAL CENTER DR ROCKVILLE, MD. 20850 WOLLSCHLAEGER, M.D 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY J3b. DATE Cremation Shady Grove Adv. Hosp. Rockville, Mont., MD BP. 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 N/A ADDRESS (VRA 15, 4)



		STATE OF MARYLAND	
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BP Share of the state of the st	230 BURIAL, CREMATION, REM  SPECIFY  Burial		STATE

Rock Creek Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

Francis Gasch's Sons Funeral ... A. 4739 Baltimore Avenue Hyattsville, Md. 20781

4/25/86

Washington, D.C. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 28 1986 Julia Builder-R

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO April 1, 1986 2:40 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR BALTIMORE CITY OR COUNTY OF DEATH Montgomery County 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Bank Teller 13e.STREET ADDRESS / ZIP CODE 9407 Packard Way Mr. Alan Colbeck, husband, same APPROXIMATE INTERVA Minutes Years 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN

27d. PHYSICIAN'S NAME (T)

230. BURIAL, CREMATION, REMOVAL 236, DATE

220 ADDRESS National Institutes of Health

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

Cynthia M. Tracy, M.D.

(SPECIFY)Cremation

23c. NAME OF CEMETERY OR CREMATORY

Clinical Center, Bethesda, Md. 20892 23d LOCATION

DHMH - 16 50M 7/84

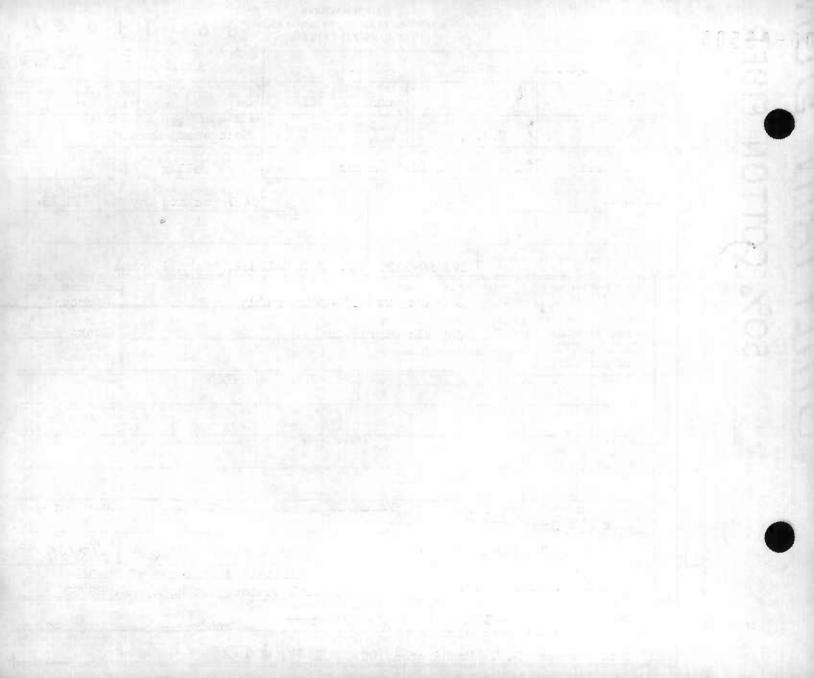
- STATE

4-3.86 Lee's Crematory Marshall's Funeral Home, Inc.

Washington 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)

9th Street, N.W. Washington, DC 20011



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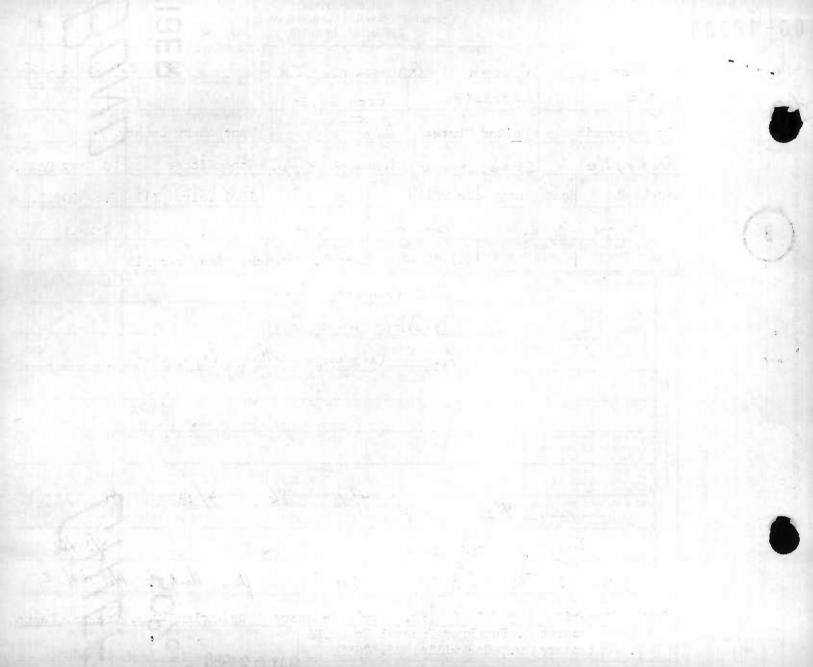
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR IF UNDER TYEAR 3. SEX 6. AGE LIN YEARS LAST BIRTHDAY Male Caucasian March 28, 1904 To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania United States Montgomery County NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Steamfitter US Navy Dept. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) laryland Montgomery 130 STREET ADDRESS / ZIP CODE 1501 Veirs Mill Rd., Rockville 20851 YES K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE George J. Gerge1 Cormack Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 208 01 8490 Anna L. Cormack, wife, see #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to) (b), and to PART I. DEATH WAS CAUSED BY-ARRIDPULMONARY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE WERRT Canditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause CARDIOMYSDATAY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO F 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (I) (this hospital) attended the deceased fram saw the deceased alive an\_ and that in (my) (our) apinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should by SOW SOMOUSTON 0 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial/transit May 3,1986 St. Mary's Cemetery Cumberland Twp. Greene, Penna 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 300 W. Montgomery Av., Rockville, Md. 20850 (VRA 15, 4)



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requires that	AN Chestianed prior to burio		NO	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN P	ART 1:a·
The law r	rons FRANK Hygiene prior 18 shaws ony	1	RTIFICATION	19a DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED			FINDINGS USED AUSES OF DEATH? NO
PHYSICIAN: T	Certificate DR rans entol Hyg tem 18 st	9	U	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT	116. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR P	ART 2)
AG PHYS	iter this of the second we had me		MEDICAL	21d, INJURY OCCURE	ILE 🗇	21e. PLACE (AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COU	NIY STATE
TENDIN putol or	TOR AL			22a.1 certify that (1) saw the decease abave, (1) (we) (c	ed alive on_	APRIL	28 19 8	16		to APRIL 2		, 11101 (11 (110)
hos hos	Hem Hem			226. SIGNATURE					DEGREE		220	DATE SIGNED

TO HOSPITAL retoined by the

DHMH - 16 60M 7/84 (VRA 15, 4) 500 UNIVERSITY BLVD. W.

should be day

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

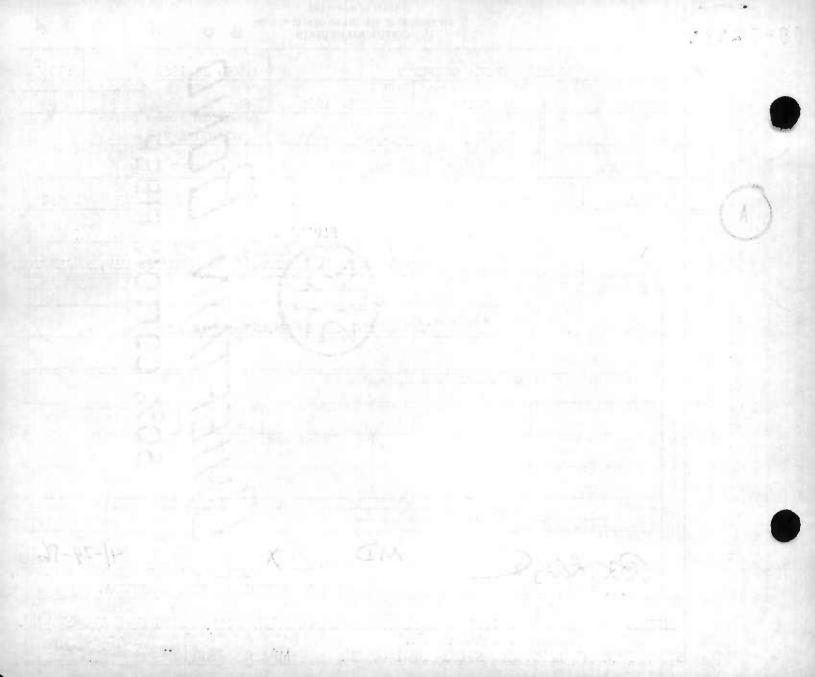
LLOYD, CDR, MC, USN

NATIONAL CAPITAL REGION, BETHESDA, MD

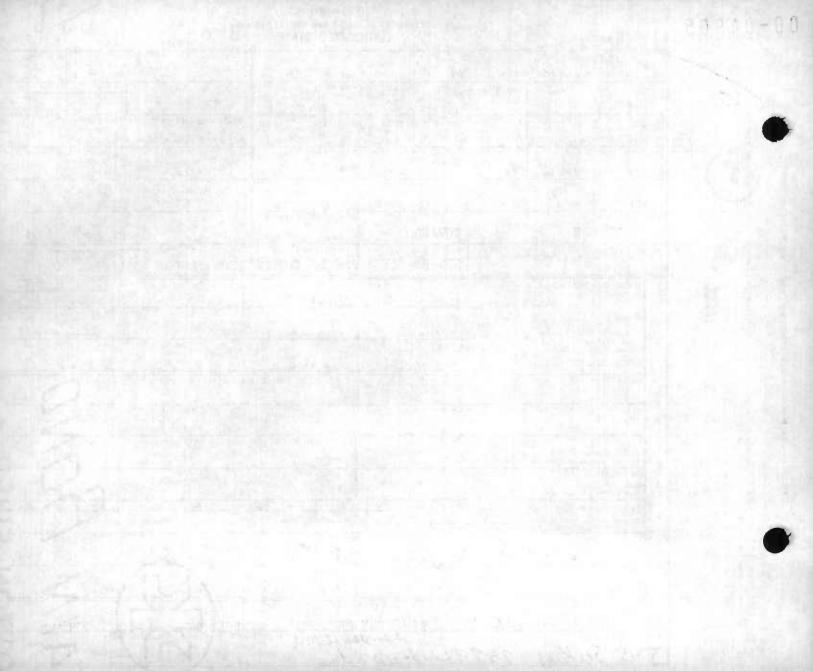
HOSPITAL, NAVAL MEDICAL COMMAND,

FRANCIS J. COLLINS BURTAI

SILVER SPRING, MD

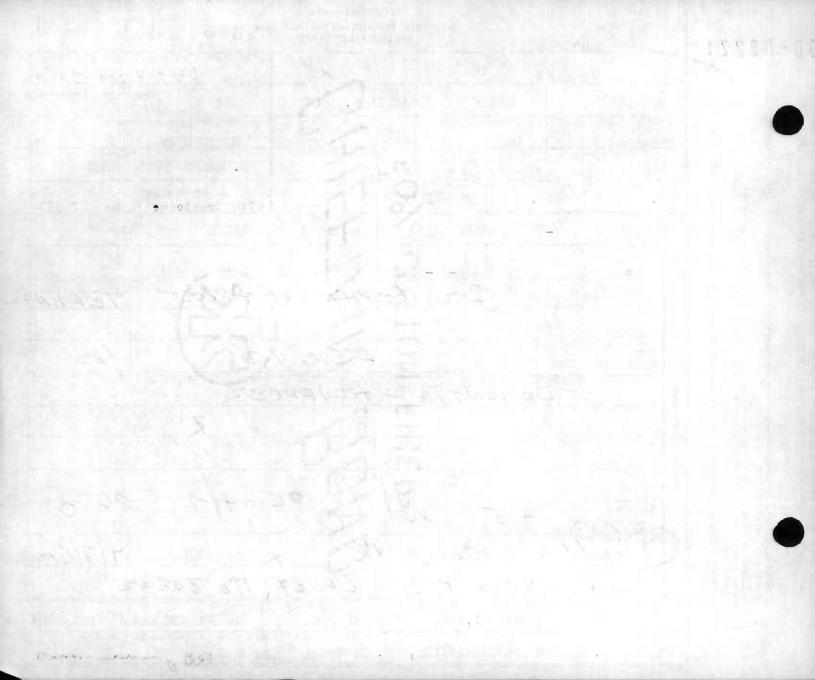


				STATE	OF MARYLAND		
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		REGISTRAR			CATE OF DEATH	REG. NO	
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		LEIGH	A NI.	Col	NAKO		4/ 25/86 2. A M
11	3 SEX	4	RACE	5 DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
(4)		F	BLACIL	5	21 68	17	YRS
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1 17/1		1 A ShIGHTON De	US.	WIDOWED	DIVORCED .		DERY COUNTY MD.
12/20	II/CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	E STREET ADDRESS)	,	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
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AND 21	30. S	IND PLUE			3d Inside City Limits?	12806 STA	TION COUNT
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w i 11/00		TYRONE	COWAR		ANGELA.		CUTHBERTSON
ORE,		AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE V	CORD OR DATECT	L SECURITY NO.	17 INFORMANT	1280	STATON COURT R MARLBORO, MD
TIMO on o s. Po		NO	579-8	88-9677 A	INGELA CUTHBER	RTSON, UPPE	
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ST.,		IMMEDIATE		piratory	ARREST		uma tente
ron andin corb			DUE TO, OR ASA CON		- // -		17.
REST dec		Conditions, if any, which gave rise to immediate	( 1b) Ble	ederly	) cathesis		Count de cott
W. P		couse (a), stating the underlying cause last	DUE TO, OR AS ACON	SEQUENCE OF	1.000		
s the ed b oleos			(c) 100	15 perso of	11sease		I lyv
sign sign hen l	Z	PART 2 OTHER SIGNIFICANT CO	DADITIONS CONTRIBUTION	G O DEATH BUT N	OT KELATED TO THE TERMIN	NAL DISEASE OR CONL	ITION GIVEN IN PART ITO
RECORDS low requi	ATIC	19a DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
L REI	CERTIFICATION					YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
VITA VITA VITA N: Th  ys.ic.ic icote rons.it Hygie IB shc	CERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURRE		
CLAN CLAN OF Physician of the physician		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TOW	N COUNTY STATE
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OR A Post		22b. SIGNATUIL	1 47	DE	GREE		22¢ DATE SIGNED
TAL (AL Ideto of etc.)		1 m tus	in X	Down A		MEDICAL STAF	IAN 14.25 - 86
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TO HOSPITAL ( TO HUSPITAL ( Should be deto with the Store ( MIT HOSPITAL ( Should be deto		FREDERICK	G. BARR		106 IRVINE	SINW	WASH. D.C.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAL	4/29/86	HARMONY	MEM. PK	LANDOVER	P.G. MARYLAND
DHMH - 16 60M 1/75	24. FU	UNERAL DIRECTOR	ADDR	ESS LANGO	Velma 250. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
(VR A 15 (4))	17	· B. Jeckins	7474 Lan	drugare	d. APR	2.2 19R6	tiska Davidor



	TO HOSPITAL retained by the	TO FUNERAL should be deto
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 in retained by the happital or ottending physician.	TO RUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely filled in by the function should be described for use as the burdishman permit. Then please remove corbonopopers, Fages. Lond 2 should be filled within 72 hours after
	4	ecto.

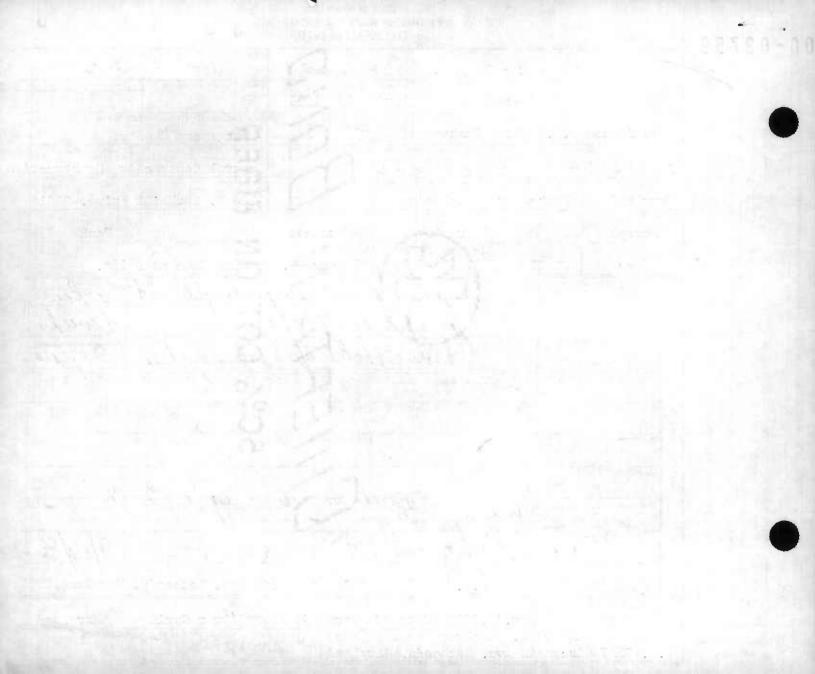
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A moy	1. SE		4 RACE WHI	TE	S. DATE C	E 8, DAY 1 901 EA		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IR IF UNDER 24 HRS
h Page 2 hours	Ja. Bi	ATE OR FOREK	GN 76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIE	9	BALTIMORE CITY OR CO	UNTY OF DEATH	
1 1 10		KLAHOMA	USA		WIDOWE	DIVORCE	D 🗌	MONTGOMER		MD.
90	)	OLNEY	BPOOKE	CHEACHITY, GIVE STREET	N.H	OR OTHER INSTITUTIO		TYPE H. MAKER WORK		OF BUSINESS OR
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11102	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			IF YES, WERE FIND CERTIFYING CAUSE YES [7]	
Physical Control of the Control of t	AL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY C	OCCURRED	(ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
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the ho the Dept is a beautiful of the beauti	(	226. SIGNALUME Onde	ell.	endors	e. /	DEGREE ATTEND PHYSIC	ING A	MEDICAL STAFF DIRECTOR PHYSICIAN [	141	7/86
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BP	23a. E	BURIAL, CREMATION, REM		11,1986		RIAL PARK	TORY	EDMOND OK	LAHOMA	OKLAHÔMA
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR RANCIS H. BA	RBER LAY	TONSVILLE	E, MD.		Sa. DATE R	R 1 () 1988	EGISTRAR'S SIGNA	**
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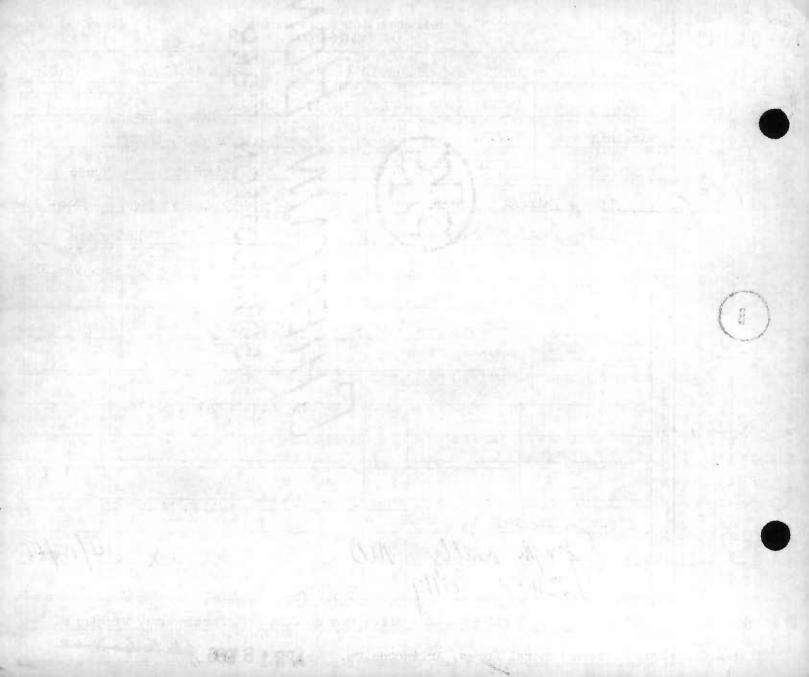
DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN DE MONTH 2b HOUR (TYPE OR PRINT) OF ESTI-George Craig DEATH MATED RANCIL 4. RACE AGE (IN YEARS IF UNDER 1 YR. 24 HOUR 5. DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY DAY RONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY MARRIED PNEVER MARRIED New York Montgomery County United States WIDOWED D. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Bethesda 9910 Marquette Drive Electrical EngineerHigh Tech 134 INSIDE CUPY LIMITS? 13e STREET ADDRESS Fairfield Stratford 06497 CANIA 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE White Francis Craig Mabe 1 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mary S. Craig-wife- see #13 041 06 0689 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY FARCTION ARDIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO I 21s EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 211 LOCATION WHILE AT WORK 17s. I certify that I took charge of the remains described above, held an Autapsy death resulted from: Hamicide Undetermined monner Deputy DATE Apr. 29, 1986 8200 Wisconsin Avenue Bethesda, Maryland 2 EXAMINER'S NAME Francis C. Mayle, M.D. 20814 (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY May 2,1986 Starksboro Greenmount Cemetery Vermont Pumphrey Funeral Homes. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 with many agon - Manya P.A. 7557 Wisconsin Av., Bethesda, Md. (VR A15 ME (5))

STATE OF MARYLAND

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#	GEY	18		FOR STATE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	REG. NO		8	3 /
	• w.t			CEASED NAME FIRST		MIDOLE		AST	20 DATE OF DEATH		YEAR	26 HOUR
1	oy be		0.05	EDWARD	WRAY	COT	PEPPE		APRIL 14,		NDER I YEAR	5:06p M
	E 4		3. SE				S. DATE C	DAY YEAR		MON'	MS DAYS	HOURS MIN.
	oge		_	MALE	WHITE		JULY	7, 1949	36	YRS		
	death. P	85	(	RTHPLACE (STATE OR FOREIGN OUNTRY)  7 irginia	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY O MONTGOMER			MD.
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AND 212	n 24 hour	8	V.	THE	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS? YES VO 1	13e STREET ADDRESS / 1560 MCNE	ZIP CODE	94	2101
MARYL	d within	144	H FA	THER'S NAME FIRST  Jesse	MIDDLE A.	culpepper		15. MOTHER'S MAIDEN NA FIRST <b>Ruby</b>	ME	Hec	lgepet	t Th
AORE, A	execute and con	ledicol/		VAS DECEASED EVER IN U.S. AR			JRITY NO.	17 INFORMANT	IN, MOTHER	ss 2542	BTRD	LANE #2
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires that the faith certify signed by the faith and the	oburiol, cremation, or remaining, or ather traumatic event,	Z	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, C  DUE TO, C  DUE TO, C  (b)  (c)	KESPTRA  DR AS A CONSEQUI  CHRONIC  DR AS A CONSEQUI	TORY  ENCE OF  DEMYE  ENCE OF	LINATRY NEURO		DITION GIVEN		MATÉ NTERVAI ONSET AND DEATH
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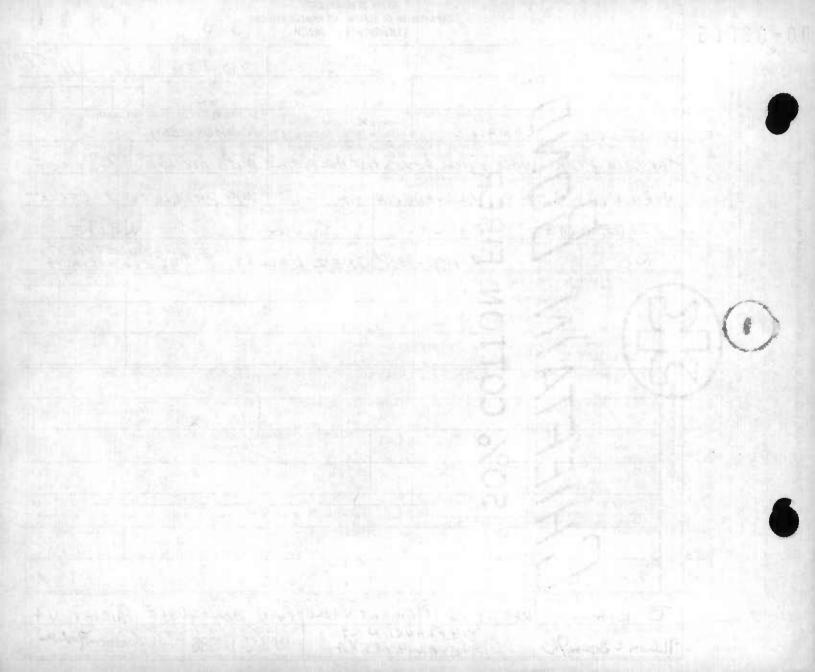
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0-05681 CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 24 DATE OF DEATH MACHINE ! (1995 DRPRINT) 1. SEX 4 RACE 5 DATE OF BIRTH 4 AGE I PERFEARS LAST BRINDAY MONTH 1548 MATE WHITE Dec 7a. BIRTHPLACE CHEATE DRIVOTEIGN Th. CITIZEN OF WHAT COUNTRY! 9. BALTIMORE CITY OR COUNTY OF DEATH Michigan U.S.A. MONTGOMERY WIDOWEDT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17st USUAL OCCUPATION 17h KIND OF BUSINESS OR Kensington Gardens Nursing Home (1975 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Kensington Aeronautical Engineer/Pvt USUAL RESIDENCE OF HURSING HOME OF OTHER INSTITUTION, ONE RESIDENCE REFORE AGMISSION 5401 Ridgefield Road TIBL COUNTY DE CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Bethesda Montgomery 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Will'Tam MEDOU MICOLE Dallas Rose Jolly ADDRESS. 18st WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT LIES NO DE UNENDWIN OF YES, GIVE WAR OF DATEST Wife - Dorothy K. Dallas -Same as #13 366-01-5070 18. CAUSE OF DEATH :Enter poly one couse per life for int, (b), and (c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE INT scular andered DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate course (m), idating the DUE TO: OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIBICANT CO ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1... 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 78s. AUTOPSY? 20s. IF YES, WERE FINDINGS USED. IN DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES FILE NO DO 21st ACCIDENT WAS UNDERLYING TO THE TIME OF INJURY THE HOW INJURY OCCURRED. (LIMES HATLING OF POURS IN TEN 18, PART 3 DEPART 2) HOUR A.M. MONTH DAY YEAR OR COMPRISUTING CHUSE OF DEATH I STATISTICS. PACKAGE MATERIAL TRANSPORTS P.M. 714 INJURY OCCURRED 71s. PLACE OF INJURY ON DETOWN AT HOME, STREET, ENCTORS, OFFICE, FARM, at works [] sept wheel [ 27x1 certify that (t) (this haspital) ay new the decreased alive on that in trey (our) opinion death acceived on the date and hour and from the course stated ATTENDING \ AMEDICAL PHYSICIAN DIRECTOR PHYSICIAN [ 77e ADDRI 20852 73s BURTAL CREMATION, REMOVAL Clarksburg Methodist Cem., Clarksburg, Maryland Burial May 1, 1986 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO DHMH - 16 50M 4/83 DeVol Faneral Home (VRA 15, 4) Washington, D.C.

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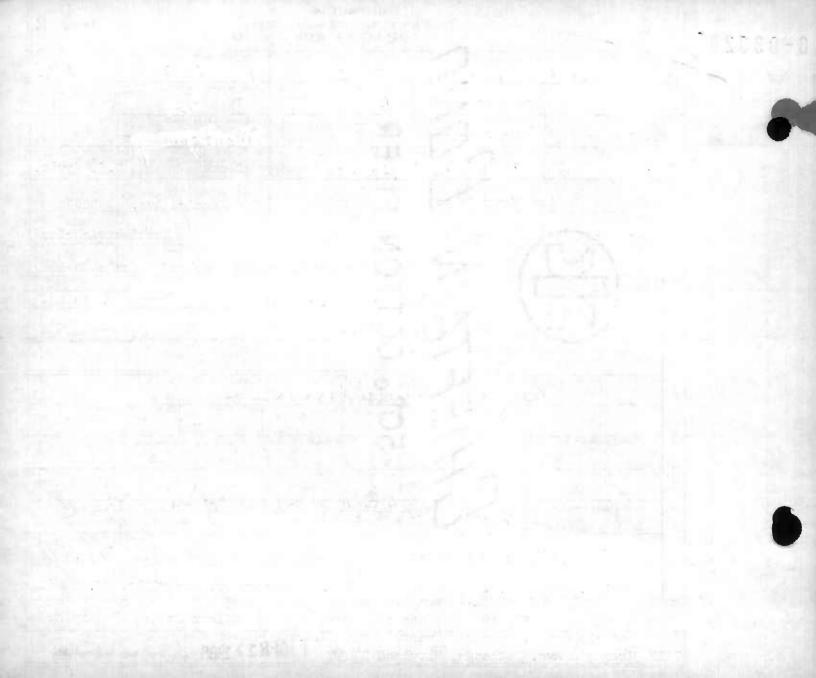
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7/84		UNERAL DIRECTOR ROS		-	ADDRESS		Homes, P. A 250.	APR 1	1 1986		TRAR'S SIGNA	

(VRA 15, 4)



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-05492	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  REG. NO.
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR TYPE OR PRINT) GUNWOOD DAYS AM
secy pod ter de	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS.
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merol of	70 BIRTHPLACE ISTATE OR FOREIGN 70 CITIZEN OF WHAT COUNTRY? 8.  WASh. D.C. U.S.A. WIDOWED DIVORCED MOST GOWER MARRIED MOST GOWER M. MD.
1 1 8	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR (1) PROF WORK FOR MOST OF WORKING [FE] INDUSTRY
Te hour	USUAL RESIDENCE IN NURSING FOR PROTHER INSTITUTION EIVER RESIDENCE BEFORE ADMISSION)  130. STATE  MD MONTG SI VEV SOVING YES NO   131. STREET ADDRESS / ZIP CODE ST - 2090.
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d co	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (16 YES, NO OQUININOWN) (IF YES, GIVE WAR OR DATES) 220-38-4735 MAYION WILLIAMS (NIÈCE) SAME AS#13
ned by the attendance convidence convicence convidence	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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or this ca and Mar and An	OR CONTRIBUTION COUNTY MEDICAL EXAMINER)  P.M. 19  114. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  NO
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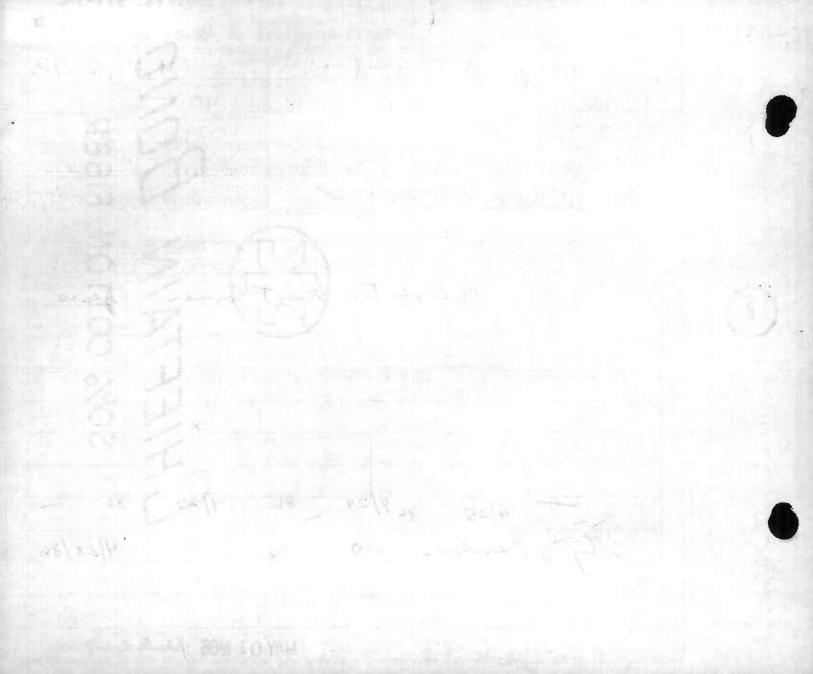
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5 5 5 3 3 +	224		3b DATE	123c NAME OF C	EMETERY OR CREMATOR		Komafa	My UND	>
BP		(SPREWY)	JAIL SAIL		- CREMATOR	CITY OR TOWN	С	OUNTY	STATE
	24 F	UNERAL DIRECTOR			25a D	ATE REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE	
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STATE OF MARYLAND

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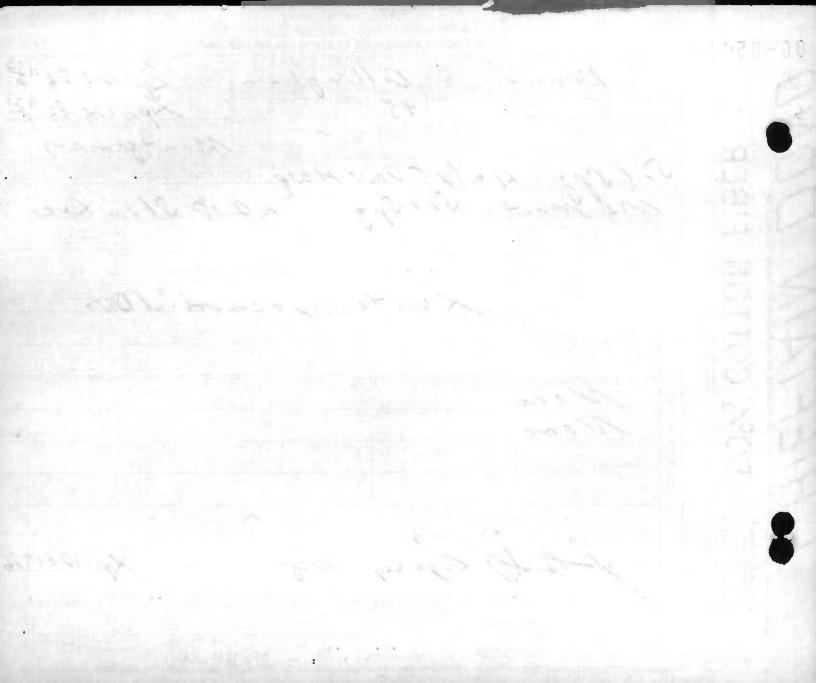
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one 77 hou	70. B	RTHPLACE (STATE OR FOREIGN 7 COUNTRY) Washington, DC	COUNTY OF WHAT COUNTY USA	TRY? 8. MARRIED INEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
the funeral d within 72 and of one	10. C		11. NAME OF HOSPITAL, NU	WIDOWED DIVORCED	12a. USUAL OCCUPATI	
- o - p	K	Sethesda   AL RESIDENCE (IF NURSING HOME OR C	Subulba	an Hospital	Housewif	
ND 21 ho 24 ho 24 ho 24 ho 24 ho 24 ho	13a. S	STATE 136 COUN		TOWN 13d, INSIDE CITY LIMITS	130 STREET ADDRESS /	ZIR CODE DE 120854
NEYLA Within within d 2 sh	14 F/	THER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN		LAST
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	NO.	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	erminal disease or con	DITION GIVEN IN PART 110
AL RECC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OF VII. T physici physici physici physici physici physici trol hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	URRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF VITAL RECORDS,  ING PHYSICIAN: The low requir r ottending physicion. Wher this certificate has been sig as the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked owherm it shows any injury	MEDICAL	THE EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY  (AT HOME, STREET, FACTORY, OF	19 211 LOCATION STREET	CITY OR TO	wn COUNTY STATE
A ATTENDIN hospital or RECTOR: Af- red for use o pt. of Health		22a. I certify that (I) (the hospital sow the deceased alive on above, (I) (and) (did not		~ 1 / /	on death occurred on the do	19.86, that (1) (mailest one have and hour and from the couses stated
AL OF the AL DII letoch ore De		226. SIGNATURE	Kenma	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN   1226 DATE SIGNED
O HOSPIT. etoined by TO FUNER. should be Sickney the Sickney the Sickney the Sickney the Sickney to the Sickney		Stephen Newman		22e ADDRESS		
Of Shoots	23a 8	URIAL CREMATION PEMOVAL		23c. NAME OF CEMETERY OR CREMATOR	eorgetown Rd	.,Rockville,Md
BP		Burial		Judean Mem. Gdns.	Norbeck	Maryland
DHMH - 16 60M 7/84	24 FL	JNERAL DIRECTOR	11.7	O Rockwille Pk 250. C	AY O 1, 1986	5b. REGISTRAR'S SIGNATURE



- DE THE DAY OF Astreet V BIOKINSON MORE AUGUSTUS 573-57 CST MORE of Designation of the Corner Alexander Ke printed for ford in flow motoring I y the supplication of Ligar Middle passes -Peter Sherer MG 3H7 Ference A Williams May Encel pil 2 1820 Nashington Hilling Chillean Et M. Labour part App. 77 Marie State State State of the State Sta

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME MIDEN 20 DATE KNOWN OF ESTI-DENNIS DIEL INGHAM LITYPE OR PRINTS DEATH MATED SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER YYR IF UNDER 24 HRS DATE VEAD White PRONOUNCED Male 1941 April 19 TE CITIZEN OF WHAI COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY USA Utah WIDOWED -DIVORCED M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Personnel Mngr. Dept. of Agr. COUNTY 36. INSIDE CITY TIMITS? YES 4. FATHER'S NAME Don Beth Dillingham Jardine D. 17. INFORMANT 166 SOCIAL SECURITY NO. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 529-50-3528 Linda Dillingham-wife-(same as 13e) N/A N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a I certify that I taok charge of the remoins described above, held an Inspection Autopsy Inquiry and in my apinian Notural couses death resulted fram: Accident Suicide Homicide L Undetermined monner TITLE (SPECIFY) SIGNATURE John S. Rogers. 1919 Seminary Rd., Silver Spring, Md ADDRESS. 230 BURIAL, CREMATION REMOVAL THE DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIF Burial 4-29-1986 Colesville Cemetery Silver Spring Montgomery Me. 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR 11800 N.H. Ave., Silver Spring, Md. **DHMH - 17** Hines/ Rinaldi Funeral Home

(VR A15 ME (5))



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

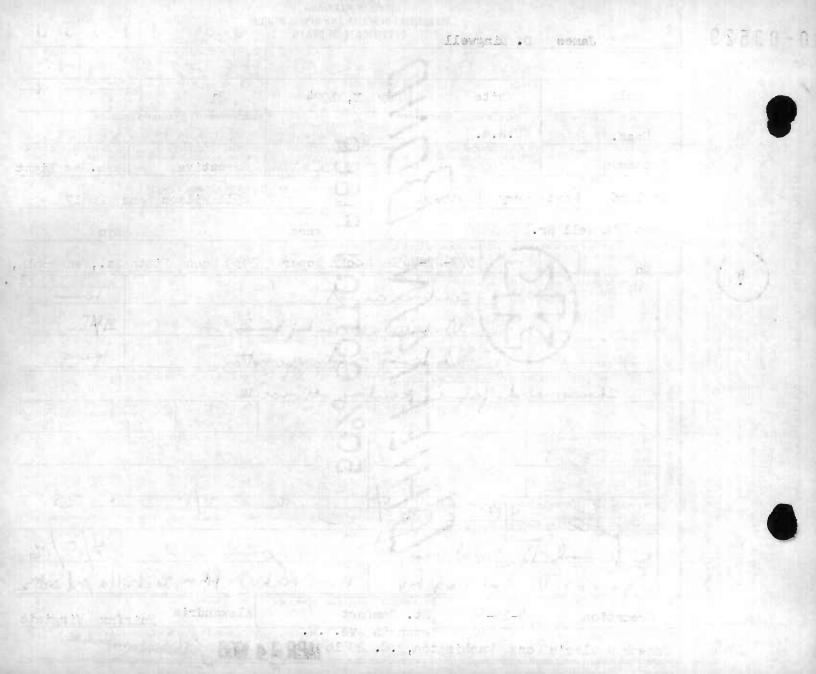
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1.58	X	14	1. RACE	OU LINEAU	5 DATE			6. AGE IN	YEARS LAST BIR	THDAY)	IF UNDER		IF UNDER	24 HR5
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DHMH - 16 60M 7/84 (VRA 15, 4)

500 University Blud. W. Silver Spring

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	low requires that the death cer s been signed by the attending smit. Then please remove carbo sprior to burial, cremation, or re	s env injury, or other traumatic e	NO	Conditions, if or gove rise to it couse 101, sto underlying cou	y, which mediate ting the se lost	DUE TO, O	R AS A CONS	, cu	T NOT RELATED TO	asei	L DISEASE OR CON	20b. IF YES,	N IN PART I		
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24 FUNERAL DIRECTOR Danzansky-Goldberg Chapels: 1170 Rockville Pik (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

14- 1986 Mt. Lebanon Cem.

231 NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Hvattsville.

YES [

COUNTY

22c DAJE SIGNED

86

12h, KIND OF BUSINESS OR

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NO [

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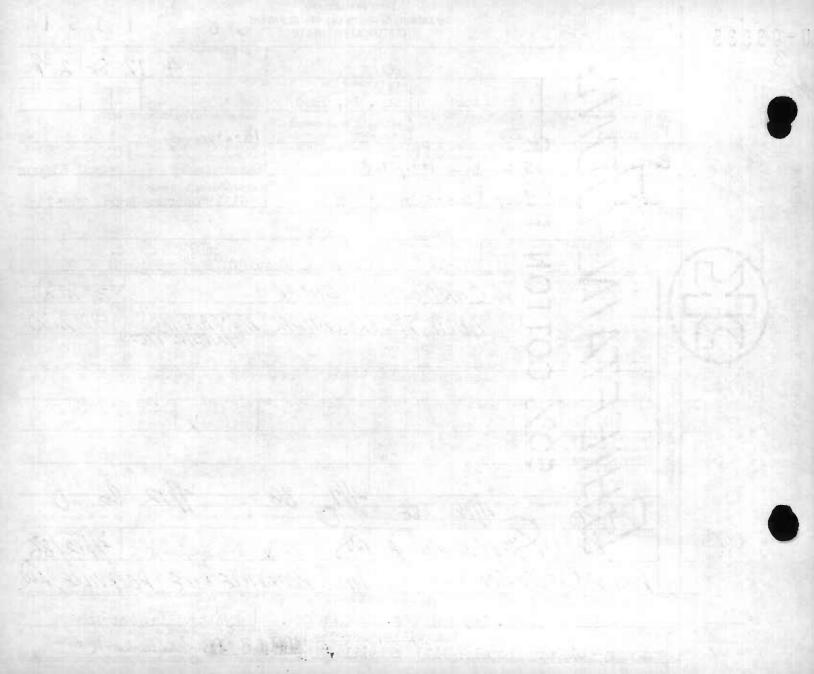
IF UNDER 1 YEAR

INDUSTRY

(Unknown)

Rockville, Maryland Date Recid. By REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4

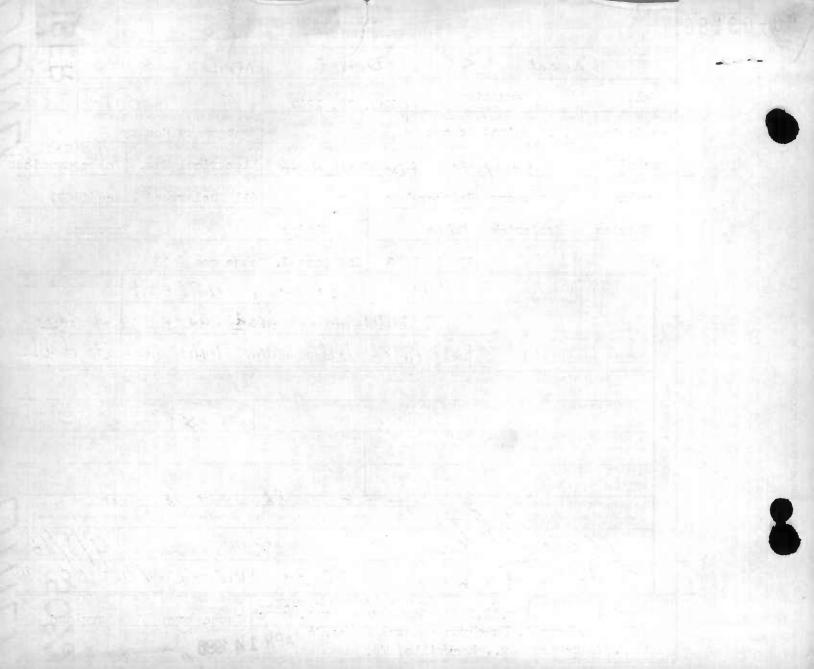


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	DHMH -	16 50M 4	1/83	24 FI	NERAL DIRECTOR	bert	A. Pump	phrey I	uneral	Homes, PA	12% BAI	REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNAT	URE
		A 15, 4)		3	00 W. Mont	tgomer	ry Av.,	Rockvi	lle, Mo		ALK	1 4 1986 7	whe dies	idoon 1/2	nd.m



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH YEAR 7h HOUR TYPE OR PRINTI William main 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR I. SEX IF UNDER 24 HRS. 5. DATE OF BIRTH CAUCASTAN 1917 (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARVIAND U.S.A. MONTGOMERY WIDOWED VV DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY IST OF WORKING LIFET SALESMAN ROCKUTLLE USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION MONTGOMERY 13e STREET ADDRESS / ZIP CODE 14643 Bauer Dr. MARYLAND 20853 15. MOTHER'S MAIDEN NAME Wiglesworth Donaldson, Jr. Erma ASTES Arrowwood Dr. IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (Brother) LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Francis X. Donaldson Raleigh. N.C. 570-14-2156 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o) PART I. DEATH WAS CAUSED BY: 21110 IMMEDIATE CAUSE (0) con los secc (acrossomes Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 9ª DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOTA YES [ NO IT 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this-hospital) attended the deceased from saw the deceased alive an. and that in (my) (over) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE 23d LOCATION CITY OR TOWN Burial Fort Lincoln Geo. Brontwood 24 FUNERAL DIRECTOR Francis J. Collins ADDREJT. REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) Silver Spring. 500 Univ. Md.

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6 8 9	1 SEX		ACE	5. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
7 9 5	a JL			MONTH DAY YEAR	1 /5	INTHS DATS HOURS MIN.
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W. PRESTON ST., BALTIMORE, MARYLAND of the death certificate be executed within a sy the attending physician and completely filling se remove carbon papers. Pages 1 and 2 style cremation, or removal.  other traumotic event, the medical attending to the control of the control		VAS DECEASED EVER IN U.S. ARMED	RORDATES) 166 SOCIAL SECUI	PITY NO. 17 INFORMANT Day	ghter ADDRESS Rd.	2
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RDS equi Ther injuri	ON N					
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		22b. SIGNATURE	0	DEGREE		220 DATE SIGNED
the contraction		Muchail	Berard, M	ATTENDING PHYSICIAN	MEDICAL STAFF	4/18/86
1 2 2 2 2 3 3 7 T		22d. PHYSICIAN'S NAME (TYPE OR PRI	NI)	27e ADDRESS	4 44 4	
PORT PROPERTY.		Michael	Berand, MD	7100 Baltin	nore Ave #401	
5 5 5 5 1 3t			3b DATE 23t. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIEY)		. Olivet Cemetery	Washington. D.C	COUNTY STATE
			is J. Collins.	7. 25a. DA1	E REC'D. BY REGISTRAR 256. REGISTR.	AR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	EA	O University Blue			APR 23 1986	murican pandalic
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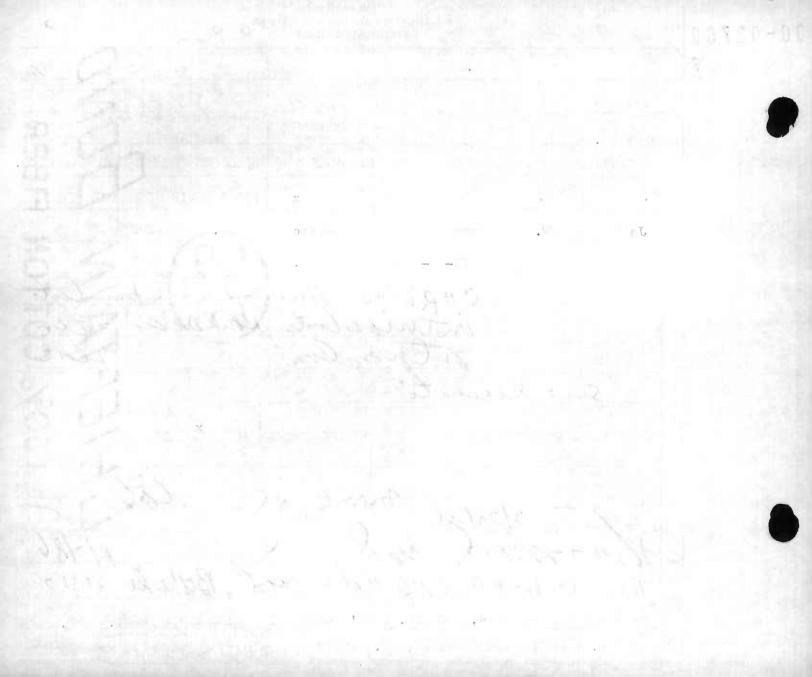
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(VRA 15, 4)

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3 75 %	OPECEASED NAME	LLIAM	A.	DOVE	SR.	20 DATE OF DEATH	4 02	86 1	30AM
age 4 moy	1 SEX MALE	4 RACE WHI	TE		DAY YEAR OI	6. AGE (IN YEARS LAST BIR	YRS.		DER 24 HRS S MIN.
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1135	USUAL RESIDENCE OF NO MD.	MONT .	DERWOOI	) 136 INS		13 STREET ADDRESS BOW	E MILL F	OAD 20	855
11/50	John	W.ODLE	Dove LAST	15. MO	Rebecca	S. MIDDLE	FINK	LAST	
7	(YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES			ELYN S. NA	SH Same a	as # 13	3	
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If ALL OR ATTEND by the heapital or SALL DIRECTOR. A deficited for use storic Dopt of Heal	226.1 certify that (1 saw the affect above (1 saw 1276 \$1Gb)*1 URE	(the house to) attended and alive on 3 to the did not week the pro	28/86	and that is	ATTENDING PHYSICIAN	ooth occurred on the d	FF 2	that (I)	26
D FUNE D FUNE MADORA D	Thos	6. WAR	RD 6/1	6 Rol	merko	& Ba	theseli	2151	7
BP	230 BURIAL, CREMATION BURTAL			NAME OF CEMETER	CEMETERY	REDLANI		. MD.	STATE
DHMH - 16 60M 7/B4	FRANCIS H.	BARBER LA	YTONSVTŁLE	E, MD. 20	1879 250. DATE	PP 0 1 1006	25b. REGISTRAR'S	SIGNATURE	مالالعال



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES REG. NO 20 DATE OF DEATH 2h HOUR 20 86 IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Government Librarian 13e.STREET ADDRESS / ZIP CODE Hyattsville. Md. 6700 Belcrest Rd. Apt. 518 20782 MIDDLE Alley ADDRESS Hvattsville 3922 Medison St Roger A. Siedel APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NO NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death occurred on the date and have ond from the couses stoted 226 DATE SIGNED MEDICAL STAFF PHYSICIAN, DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15. 4)

24 FUNERAL DIRECTOR W.W. Chambers, Co.

230. BURIAL, CREMATION, REMOVAL

Cremation

Riverdale, Md.

4-21-86

23¢ NAME OF CEMETERY OR CREMATORY

Riverdale Prince George's, Md. Chambers Crematory 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE TO

Crest Circ (-12+15 Chambers rearrant Divertise Captur' 1) M.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) 86 exec 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH MONTH DAY YEAR CAUCASTAN NOV 1907 IN BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED PENNSYLVANTA DIVORCED ITILITY CONTRACTOR SFIE EMPLOYED 130 CTOFFT ADODECC / 710 CODE 13g STATE 13d. INSIDE CITY LIMITS? 113c CITY OF TOWN MARYLAND 1809 ELTON ROAD ADELPHI . 20783 PRINCE GFO. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FANTACONE ANTHONY ELLIS ROSE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT EDITH T. ELLIS WIFE SAME AS 13 578-05-3866 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far to), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating underlying cause THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [ nto! Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED ( ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 220.1 certify that (1) (this hospital) and saw the deceased alive on\_ and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated abave ((i)(we) (did) (did not) view the body after death DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be Bruce Zinsmeister. 8830 Cameron Street 0 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) GATE OF HEAVEN CEMETERY SILVER SPRING MONTGOMERY MD. BURTAI 4/19/1986 FRANCIS J. COLLINS, OR JR. DHMH - 16 60M 7/B4 500 UNIVERSITY BLUD. WEST SILVER SPRING, MD. (VRA 15, 4)

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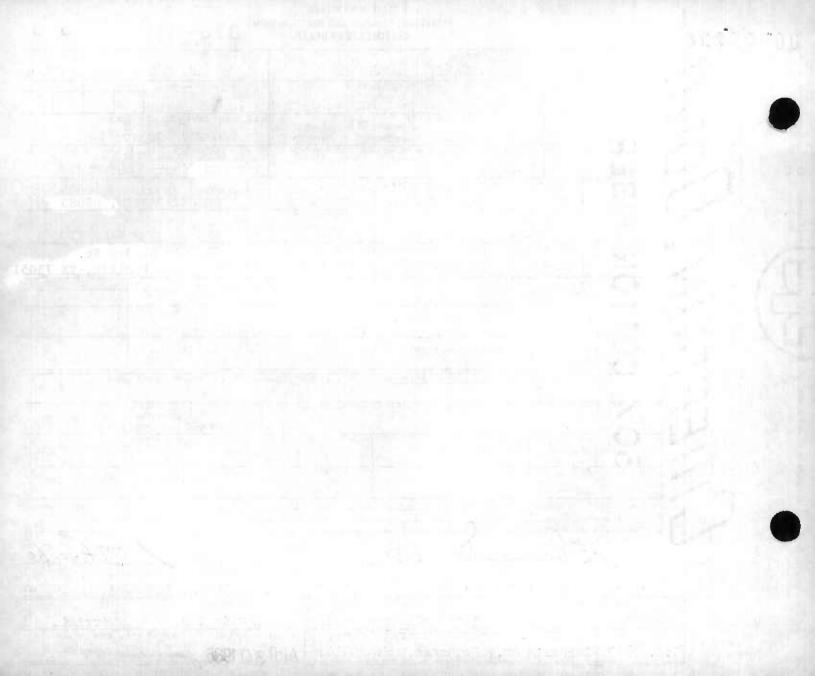
FOR

STATE OF MARYLAND		STA	TE O	MAR	YLAND
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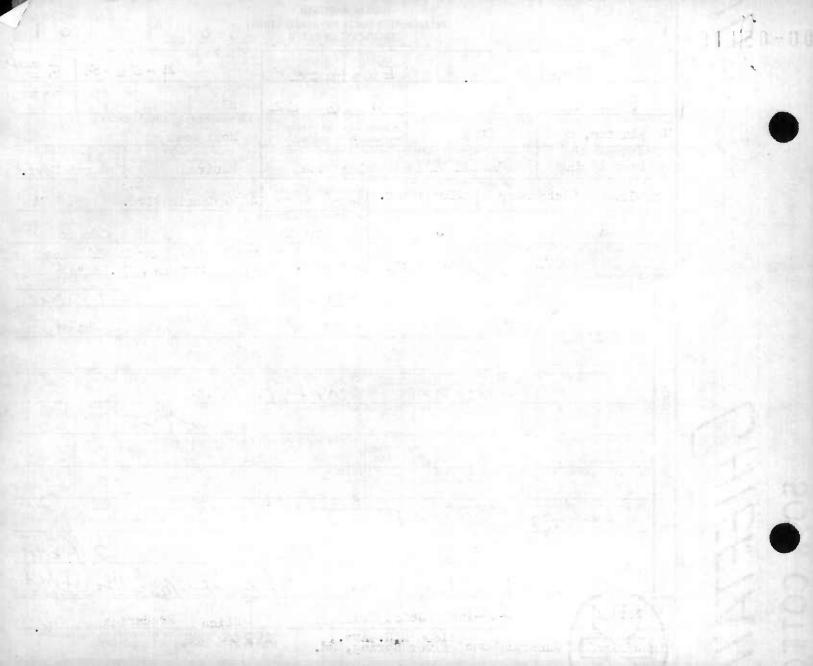
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6 REG. NO.	ĺ	1	8	6	0
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1 0	- STATE REGISTRAR		CERTIFICATE	OF DEATH	B REG. NO	).	0 0
	CEASED NAME FIRST DE OR PRINT)  LEON	STEWART	EUBANK	C			YEAR 26 HOUR
				.5		IL 26, 19	
3. S	X	4 RACE		DAY YEAR	& AGE (IN YEARS LAST BIRT	MONTHS	DAYS HOURS N
100	ALE	CAUCASIAN	OCTOBER	4, 1915	70 YRS		
	BIRTHPLACE   STATE OR FOREIGH	6 CITIZEN OF WHAT COUNTRY?	MARRIED X NE	VER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DE	ATH
	EXAS	UNITED STATES	WIDOWED	DIVORCED [	MONTGOMERY		
1 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		RINSTITUTION	120 USUAL OCCUPATION		KIND OF BUSINESS USTRY
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1	LYES NO OR LINKNOWN! I LIE YES GI	VE WAR OR DATEST				197	
	*	-1968 459-64-8		e A. Luba	nks, wife		APPROXIMATE INTERVAL
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NOIL		CONDITIONS CONTRIBUTING TO			A THE STATE		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY?	YES 🗌	AUSES OF DEATH?
- / //	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	W INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR I	PART 2)
	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I		CATION	CITY OR TOV	NN COU	UNIY STATE
MEDICAL	AT WORK AT WORK		21 APR	1986	10 26 APR	1.86	, that (I) (we)
MED		oital) attended the deceased from_	21 111 10	1900		, 1723	me, mor (n (we)
ZI is morked or	220.1 certify that (I) (this hosp	n 26 APR 19	36 ond that in		deoth occurred on the do		
rem 21 is marked on	220.1 certify that (I) (this hosp	ortal) oftended the deceased from _ n26_APR19_1 at wew the body affordeath.	36 ond that in		_, , ,	te and have and tr	
WED	220.1 certify that (I) (this hasp sow the deceased alive of	n_26_APR ot) wew the body at ordeath.	DEGREE	(my) (our) opinion o	MEDICAL STAF	te and hour and tr	om the couses stated
WED	220.1 certify that (I) (this hasp sow the deceased alive of	n 26 APR 19 3	DEGREE	(my) (our) opinion of	MEDICAL STAF	te and hour and tr	om the couses stated
WED TO WED	22a. I certify that (I) (this hasp sow the deceased alive or above II) and did this many that the sign of the sign	n 26 APR 19 3	DEGREE	ATTENDING PHYSICIAN DRESS NAVAL	MEDICAL STAF DIRECTOR PHYSIC  HOSPITAL, N	FIAN AVAL MEDI	C DATE SIGNED
1	22a-I certify that (I) (this hasp sow the deceased alive a above II) well distributed in 12b-SIGNATUFE  22d PHYSICIAN SNAME (17PE J. H. EDMUNDS	OR PRINT) , LCDR, MC, USN	DEGREE  22e AD  NATI	ATTENDING PHYSICIAN CORESS NAVAL	MEDICAL STAF DIRECTOR PHYSIC HOSPITAL, N	FIAN AVAL MEDI	C DATE SIGNED
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MPOKINI SI TA MARINI SI TA MARI	22d PHYSICIAN FINAME (19PE  J. H. EDMUNDS  BURIAL, CREMATION, REMOVA  [SPECIEV]	OR PRINT) , LCDR, MC, USN	DEGREE  NATI  NAME OF CEMETERY  Lington Na	ATTENDING PHYSICIAN CONAL CAPI	MEDICAL STAF DIRECTOR PHYSIC HOSPITAL, N TAL REGION,	FIAN AVAL MEDIBETHESDA	C DATE SIGNED  I CAL/ COMMA  A, MD 208



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ector, pagers of the desired	3. SEX	Female	4. RACE White		5. DATE (		YEAR OZ	AGE (INY	EARS LAST BIRTHD		IF UNDER 1 YEAR		R 24 HRS
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AND 213	Ma	residence (if nursing home or ryland home or		13STTVET			4	. STREET	ADDRESS Castle	#30 B1vd		209	04
E, MARYLAND uted within 24 completely filler 1 ond 2 should	IA. FA	John	MIDDLE	Kidd		IS MOTHER'S MA Hat			MIDDLE		Car		
BALTIMORE, cate be execu-	16a V	(AS DECEASED EVER IN U.S. AR NAOR UNKNOWN)	MED FORCES? E WAR OR DATES)	577-22-		Thomas M.	(Grands	son) e			ie Mil Md. 20	855	
201 W. PRESTON ST., BAI es that the death certificate hed by the ottending physici please remove carban paper urial, cremation, ar removal.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, O	PR AS A CONSEC	QUENCE OF	Strok.	ė				Tec	OXIMATE INTE NONSET AND	DOEATH
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OR ATTENDING Por hospital or offer the hospital or offer the ported for use as the Dept. of Health and Dept. of Health and Hem 21 is marked	,	WHILE NOT WHILE 220. I certify that (I) (this hospi sow the decaded olive on obote, (I) (we) (did) (and not be the like)			51	nd that in my four	r) opinion deor	th occurre	Agir ()	ond hour		, that (1) e couses st	
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ВР	23e B	urial, crémation, removal Burial	236. DATE 4-30			emetery or crew	MATORY	Uti	OR TOWN F	reder	county	м	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		nes/Rinaldi Fun	eral Ho	me 5110	N.H. er Spri	Ave., ng, Md.	250. PAP	R29	EQUES 25	o. REGISTR	AR'S SIGNA	Thebay	



3217	1-	FOR STATE REGISTRAR	DEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. NO		6 3
: 25 9	TYPE	CEASED NAME FIRST	FAILOR	LAST	APRIL	MONTH DAY YEAR 5. 1986	26. HOUR 9: 10 AM
of the state of th	1. SE	MALE			6. AGE (IN YEARS LAST BIRT	YRS.	
and St. no.	₩o. BI	TOWA		ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	RCOUNTY OF DEATH	MD.
	S	LVER Springs	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  SULVAN MANOR 1:	OR OTHER INSTITUTION LEASTIP CARE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTR	O OF BUSINESS OR
the St	130.5	ARY AND PRINC	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NTY 132. CITY OR TOWN  E GEORGES GREEN BETT	13d. INSIDE CITY LIMITS?		ZIP CODE ZI	20770 PD
and 2 and 2	14. FA	THER'S NAME  OF NICE NO.	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	UN MIDDLE		LAST
Page	160 V	VAS DECEASED EVER IN U.S. AF (IES, NO OR UNKNOWN) (IF YES, GI	MED FORCES?  16b SOCIAL SECURITY NO.  577-16-8	797 MRS. QUEENS	, NURSE, SAME AS		75
signed by the attending p hen please remove acritori to burial, cremation, or rem jury, or other traumatic ex-	No	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	nal disease or cont	DITION GIVEN IN PART	lio
prior prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	
this certificate has the buriol-transit per and Mental Hygiene ced or Item 18 shaws	MEDICAL CER	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE (1F EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED			ED (ENTER NATURE OF INJUS CITY OR TO		STATE
oched for use as the Dept. of Health and I them 21 is marked		WHILE AT WORK AT WATER AT WATE	11100	7/19 19 FG ond that in (my (our) pinian d DEGREE ATTENDING	, to	22c. DA1	
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BP		CREMATION	4/8/86 METROPOL	ITAN CREMATORY	AL FXANDRI	IA VIRGINIA	A
H - 16 50M 4/83 (VRA 15, 4)	Z4. F		ICHARD RAPP, JNC.	1009	1 6 1986	BB. REGISTRAR'S SIGN	The state of the s

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		STATE 5/12/86 REGISTRAR CEASED NAME FIRST		MIDDLE		ICATE OF DEATH	REG. NO 20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
page 3		Gert	rude	M.	Falce	one	4-2	3—	86	3 A
4 may	3. SF	Female	Whi	t e	5. DATE O	1 24 1925	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HE
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and co		VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRE		ress S	ame as
Pa o o	N			579-24-26	577	Mrs. Minerv	a J. Falcon	e No#	13.	
ertificate  g physicis can paper removal. event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one cause pe USED BY: DIATE CAUSE (a)	Respir	ator	Y ALPEST				MATE INTERVAL INSET AND DEAT
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has been permit.	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH C	OPERATION	N WAS PERFORMED	200 AUTOPSÝ?  YES □ NO ■	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
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PITAL OR ATTENDING PHYSICIAN. The by the hospital or attending physicic ERAL DIRECTOR. After this certificate addacted do use as the burnal-transit State Dept. of Health and Mental Hygnis ANT: if them 21 is marked or them 18 state.		WHITE AT WORK NOT WHITE AT WORK 220. I certify that (I) (this has sow the deceased alivabove, (I) (we) (did) (did) 22b SIGNATURE 22d. PHYSICIAN'S NAME (T	Interpretation of the property	ne deceosed from 198 ofter death.	6 . on	d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS  SYSY  W.	MEDICAL STAF	·F	22c. DATE:	SIGNED
L OR ATTENDING PHYSICIAN: The hospital or attending physicial LURECTOR: After this certificate rocked for use as the buriol-transit of begin to theofilm and Mential Hygist from 21 is marked or them.] Sisting them.	23o E	WHILE AT WORK NOT WHILE AT WORK  220. I certify that (I) (this h sow the deceosed alive obove, (I) (we) (did) (did) 27b SIGNATURE  22d. PHYSICIAN'S NAME (T	Interpretation of the property	ne deceosed from 19 8 ofter death.	6 on	d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	Ave.	22c. DATE:	STATE

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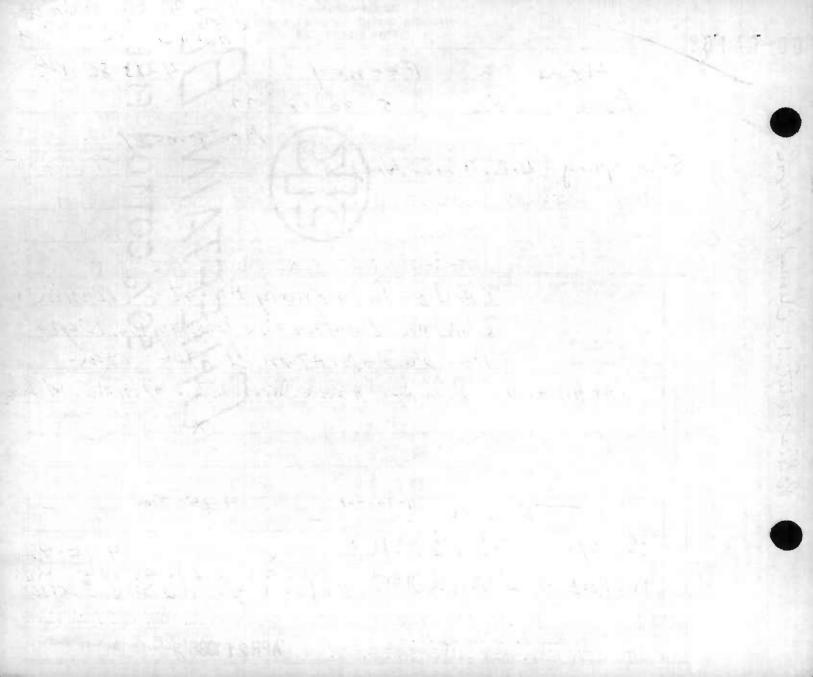






DEPARTMENT OF HEALTH AND MENTAL HYGIENE @ - STATE CERTIFICATE OF DEATH CEASED NAME I. SEX 08 Caucasian BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED UTRGINIA 3e STREET ADDRESS / ZIP CODE MARYLAND MONTGOMERY SILVER SPRING 9623 BRUNETT AVENUE FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE GEORGE RICHARDSON CLARA HARVEY 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 577-01-1742 ANN L. FEENEY DAUGHTER SAME 18 CAUSE OF DEATH (Enter only one cause per line for (a), (by, and (c) PART I. DEATH WAS CAUSED BY Canditions, if any, which gove rise to immediate (a), stating cause CERTIFICATION 206. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC I STATE WHILE NOT WHILE saw the deceased plive an abave, (1) (we) (did) (did not view and that in (my) (ew) apinian death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR | PHYSICIAN BURTAL APR.18, 1986 PARKLAWN CEMETERY 24 FUNERAL DIRECTOR FRANCIS J. COLLINS JR. DHMH - 16 60M 7/B4 UNIVERSITY BLVD. WEST SILVER SPRING, MD. (VRA 15, 4)

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-05238 - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATER REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN A MONTH DAY 7b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Jerome Raumond Filipowski 1 SEX IF UNDER I YR IF UNDER 24 HRS 2c. DATE 8-11-31 54 VAS PRONOUNCED M ale white 4-27-86 2:37 DEAD 7b. CITIZEN OF WHAT COUNTRY? FIRTHPLACE (STATE OR \*. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED FOREIGN COUNTRY! Montgomery County DIVORCED Pa CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Montgomery General Hospital M.I.M. Specialist Olnev Fnaincerina ISUAL RESIDENCE (IEIN HA 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY HIMITS? 13e STREET ADDRESS Pa. Erie 16504 E 33rd Street Erie IS MOTHER'S MAIDEN NAME 4. EATHER'S NAME MIDDLE LAST MIDDLE Victoria Zawistoski Filipowski Leo 17. INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! Margaret Polores Filipowski Wife Same 199-24-2110 Nο 18 CAUSE OF DEATH (Enter only one couse per line for (o), (a), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURL YES A VARDED TO THE CARACTER SAGE 3 SHOULD BE U NO 716 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy Inquiry ond in my opinion deoth resulted from Suicide L Homicide L Undetermined monner TITLE (SPECIFY) FUNERAL DE TER DEATH, L'THMORE, M SIGNATUR HER'S NAME ADDRESS 1919 Seminary Road Silver Spring. Md Rogers. M.D. 23c. NAME OF CEMETERY OR CREMATORY 730. BURIAL, CREMATION, REMOVAL 236 DATE STATE May 2.1986 | Gate of Heaven Cemetery Fairview Township, Erie, Burial Francis J. Callins, Jr. APR 30 1986 frina Davidson-Mandera (VR A15 ME (5)) 500 University Blvd. West Silver Spring. 20M 4/82

How to Agreed at Die

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH OREG. NO REGISTRAR 1 DECEASED NAME 2n DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 150 ESTHER W FINK 86 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR DAYS MONTH Female White 895 90 Sep. YRS 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MONTGOMER USA Russia WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY BETHESDA SUBURBAN Stocks&Bonds (Ret 13b. COUNTY 13e STREET ADDRESS / ZIP CODE Montgomery Kensington YES [X 3555 Raymoor Road 20795 EATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST Toba Weinstein Berger Moses ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Henrietta Levine; 300 Lamberton Dr., SSpg,Md 579-38-4231 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (ox. (b), and ic) PART I. DEATH WAS CAUSED BY one week noumou IMMEDIATE CAUSE (0 Canditians, if any, which gove rise to immediate couse (o), stating the underlying cause IDITION GIVEN IN PART 110 CERTIFICATION chay anew 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M MEDIC/ 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 STREET NOT WHILE 22a.1 certify that M (this haspital) attended the deceased from\_ 19861 sow the deceased give an abave, (we) (did (did nat) view the bady after death. ,, and that in (pr) (aur) apinion death occurred on the date and hour and from the causes stated ATTENDING FUNERAL uld be deta h the State -PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OF TOWN STATE Burial 4-13-1986 Judean Mem. Gdns Olnev Maryland 24 FUNERAL DIRECTOR Rockville, Md. DHMH - 16 60M 7/84 Danzansky-Goldberg Chapels; 1170 Rockville Pike (VRA 15, 4)

YARMINANIA I The second secon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH DIPPE OR PRINTS IF UNDER I YEAR IF UNDER 24 HRS YEAR Female Caucasian Tune. 1899 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Washington. D. WIDOWED DIVORCED | Mantaamery 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rackville 16920 Race Horse Lane Housewike OR OTHER INSTITUTION GIVE RESIDENCE BETURE AUMISSION 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 10000 Brunswick Avenue 20901 Montgomery ilver Manuland 15. MOTHER'S MAIDEN NAME Cornelius Shea Mari 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Daughter 6920 Race Horse Lane No Rockville. 20852 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20 IFICAT 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [ 216 TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC ) WHILE NOT WHILE 220 I certify the (1) this hospital) attended the deceased from and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stoted sow the deceased alive on. above, (1) (we) (did) (did nat) view the body after death 22 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23g BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATOR 23b DATE (SPECIFY) Apr. 16, 1986 Mt. Olivet Cemetery Washington, D.C. 24 FUNERAL DIRECTOR Francis J. Collins PRES Jr. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 - www.acov-younder (VRA 15, 4) 500University Blvd. W. Silver Spring.

STATE OF MARYLAND

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REGISTRAR

M. FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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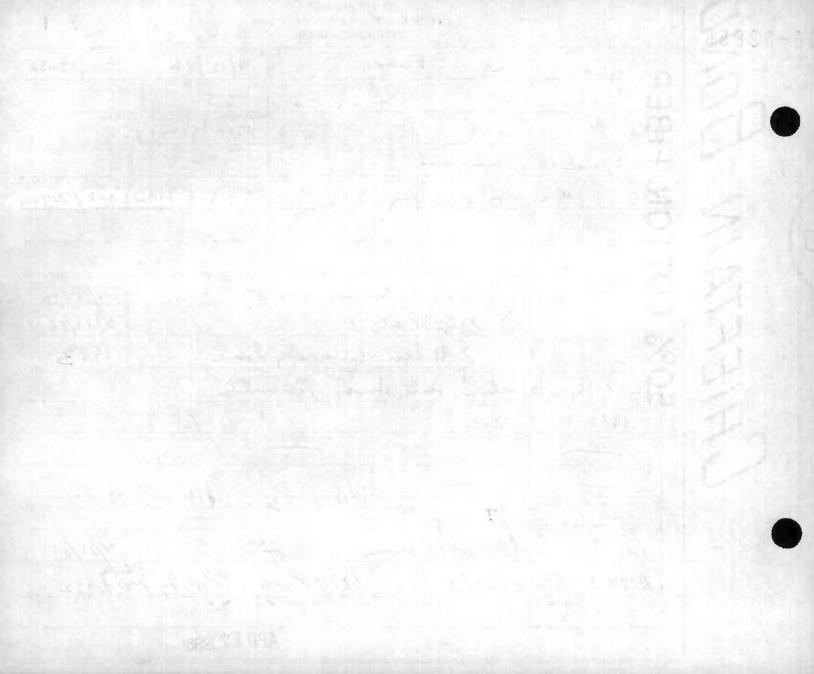
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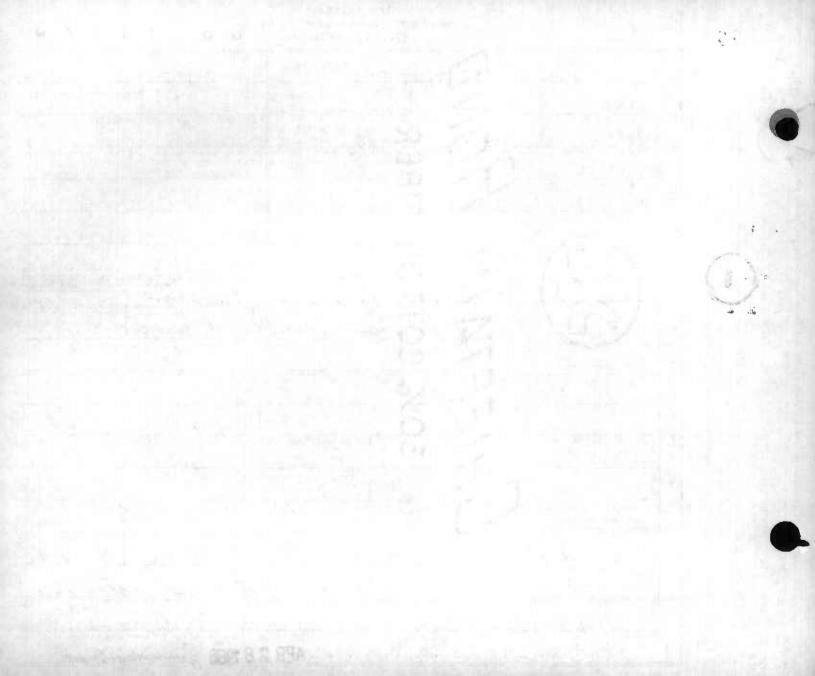
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	nay be page 3		(TYPE	OR PRINT)		Frager	4-15-86	GY "
	600		3. SEX	Janus	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR   IF UNDER 24 HRS
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ā	Afte O	le h	34	AT WORK		9-24 8	April 15	86
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	OR ATTEN e haspitol Director	2 af		obove, (I) (we) (did) (did no	ot) view the body ofter death.		deom occurred on the dote ond hour	
0.07	DR ho	Her		226. SIGNATURE	1 -	DEGREE		22c. DATE SIGNED
		Ti =		Chily	1 cleway	ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	4-16.96
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01	2000	Co	23a B	SPECIFY) Burial	236. DATE 4/17/1986 B'	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY II STATE
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4/	DHMH - 16 50	M 4/B2	2400	NERLYDIRMITORSTETN I	HEBREW MEMORIAL	FUNERAL HOME 250. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
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Brothin From Howard Continue - Friedrick Committee of the miles As a content of the Parish Branch due Brothard

The Hysong Co. 1300 N St.N.W.Wash.D.C. APR

(VRA 15. 4)

STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

1170 Rockville Pike; Rockville, Md. 20852

231. NAME OF CEMETERY OR CREMATORY

Wellwood Cemetery

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Pinelawn, L.I.,

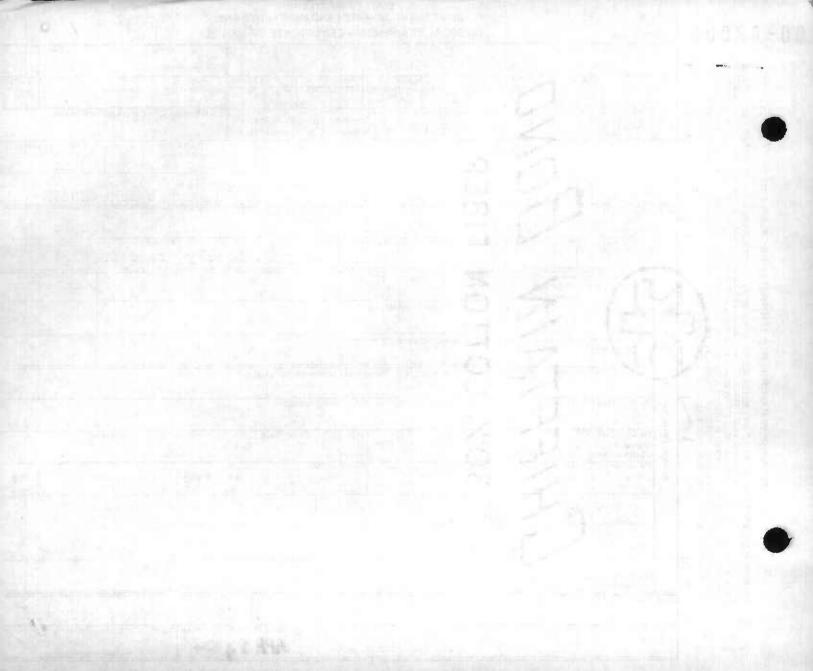


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	40	7	7a BIR	THPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	8.	□ NEVER MARRIED □	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
		/		Italy	3,500	US	A	WIDOWE		Montgome	ry		MD.
3		0		Y OR TOWN OF DEAT		M. NAME OF I	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT	ON OF WORKING LIFE)	12b. KIND O	OF BUSINESS OR
5 3	18 6	0		ilver Spri			oly Cross		ital	(TYPE OF WORK FOR MOST OF HOUS EW.)	ife	own h	iome
8 21		5	13a. S	RESIDENCE (IF NURSING ATE  ryland	ig home or	other institution ty omery	Wheaton	ADMISSION)	13d. INSIDE CITY LIMITS? YES M NO	11509 Viers	ZIP CODE MILI	Road	20902
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	or hos	E 04	3	226. SIGNATURE		1			DEGREE			22c. DATE	SIGNED
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	STATE				MONTH DAY	YEAR	LAST BIRTHDA			IF UNDER 24 H		UNCED	MOISTH	DAT TEA	9:23 P M
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PRESTON ST	24 HO ITEM 1 LONG PERMI SIENE, VAL	1	2/2	MMEDIAT	E CAUSE (a)	10 1 000			le Inj	juries					
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	S C A C C		EXAMINER'S N	NAME CTO	ware D. W										
	TO MEDICAL EXAMINED BE PAGE 4 SHOULD BE TO FUNETAL DIRECT AFTER DEATH WITH BACTIMORE, MARTH		(TYPE OR PRIN		cory R. K				ADDRESS		Penn				
	FEE C F ≪ Q	23a.Bl	JRIAL, CREMAT	ION, REMOVAL 23	1, 1986	1 23c. N	AME OF CEN	ETERY O	R CREMATO	RY 23	LOCATION	1	. COUR	ути	STATE -
07/84	BP		Buri				ite of	Не	aven	Cem.	Silve	r Spr	ing,	Mary1	and
25M	DHMH - 17	24. FL	NERAL DIRECT	Robert	A. Pump	nrey	Funer	al	Homes	DATE REC'E	D. BY REGIST	RAR 25b. RE	GISTRAR'S S	IGNATURE	
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											2 000/10	11/	3,400		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME MONTH Alico IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) EMA BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRYL IND COMERU DIVORCED [ WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BEAUTICIAN BEAUTICIAN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE E FATHER'S NAME MIDDLE MIDDLE IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) MOND GARNER 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

200 AUTOPSY? NON 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

COUNTY

NOT WHILE 220 I certify that (1) This hosp to 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 211 LOCATION CITY OR TOWN

and that in 'my) (our) opinion death accurred an the date and hour and fram the causes stated

27h SIGNATU

DEGREE 22e ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

STATE

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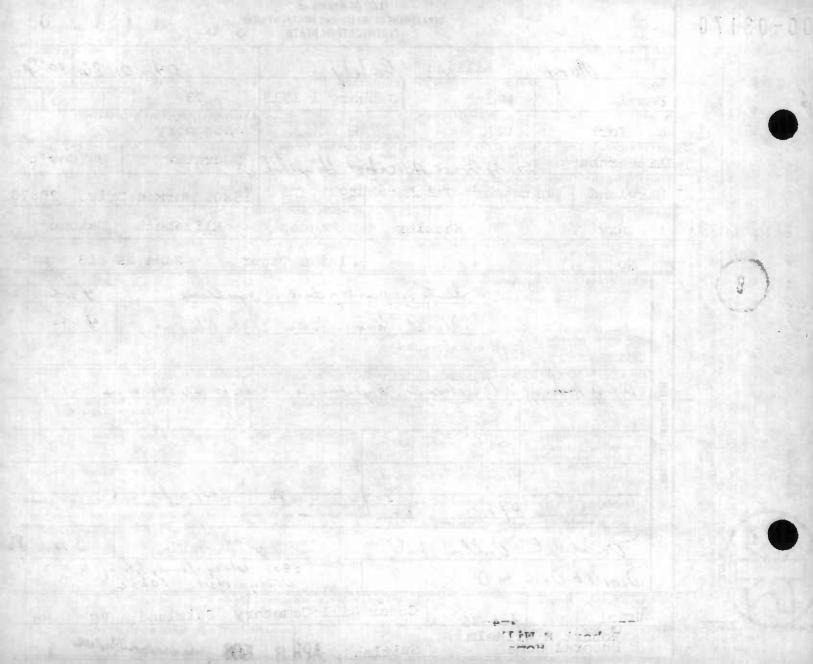
W. CHAMBERS

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATE

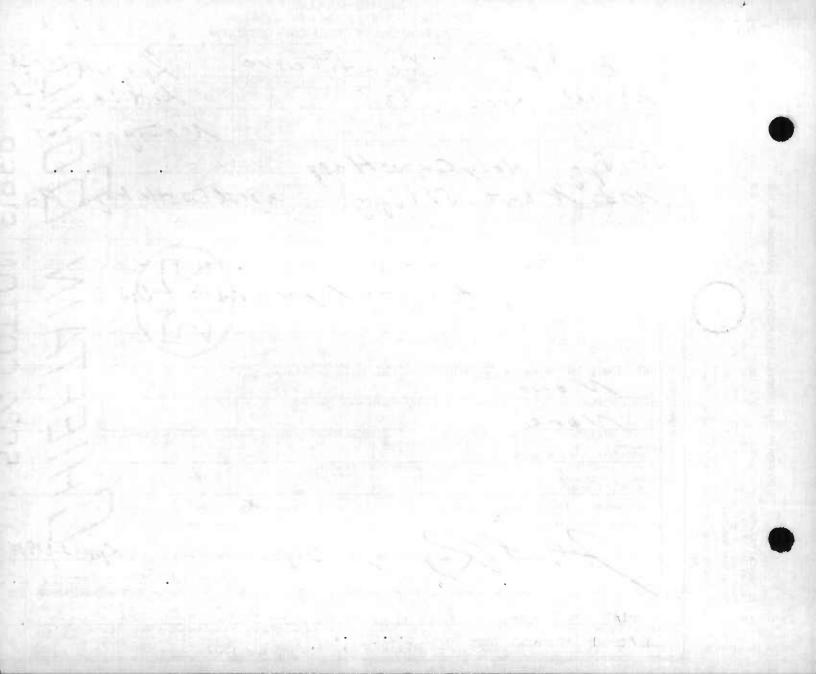
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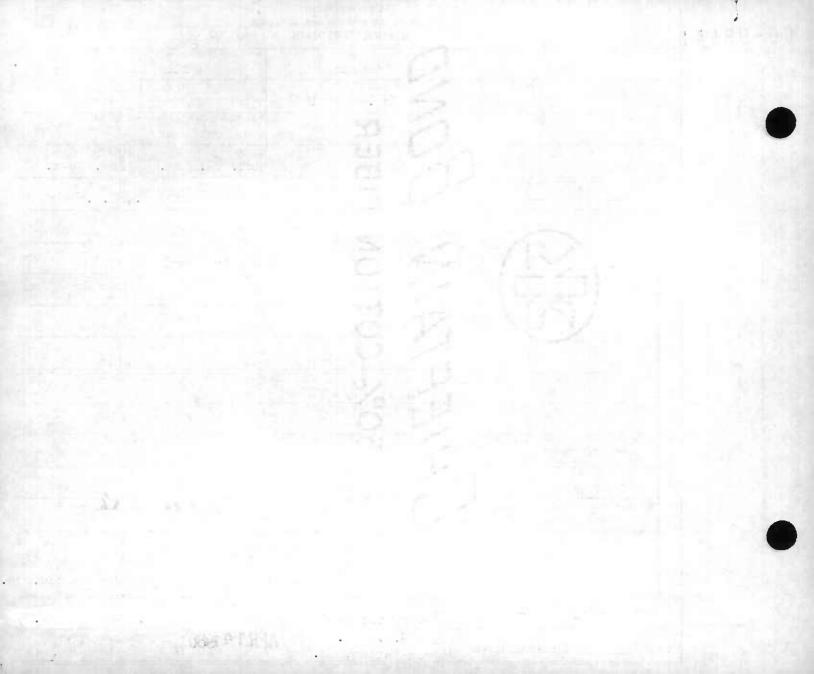
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00 - 03170- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) 00 Lillian 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX Januarv 1 1913 73 Female White BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York USA Montgomery DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR "Secretaty Ring Life IN 时号RY GOV t GAithersburg USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Montgomery Gaithersbutgone 13e STREET ADDRESS Maryland 20878 15809 Norman Drive 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Elizabeth Malone Agnes Kessler Henry ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as #13 Elaine Tager No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: cute resmapor W. PRESTON ST., IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG secteurine careles varular dis sure 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21d INJURY OCCURRED 210. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, 1986 saw the deceased alive an above, (I) (west did to did not) view the body after death. and that in (my) (\*\*) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF TO FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME ITYPE OR PRINTS 22s. ADDRESS Olney-Sandy Spring Rd 20832 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Suitland STATE Cedar Hill Buria! Cemetery BP. Md 24 FUNERAL DECORPT E Wilhelm 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 (VRA 15, 4) Funeral Home Suitland



						MARYLAND		
nn -	01202	1-	FOR STATE		DEPARTMENT OF HEALT		(1) fr	1879
0 0	0 4 7 3 7		BEGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE (	OF DEATH REG. NO.	
	1/6		CEASED NAME FIRST 1 .	PHILIP	A. GE	NTILCORE		MONTH DAY YEAR 25 HOUR
	8 × × × × /	P	E OR PRINT)		A. Co	42 CO	OF ESTI-	V1 1240 PT 35
	A CHEST	a. se	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF U	NDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	AONIH DAY YEAR TO HOUS
	REC P		11 (1)	MONTH DAY	YEAR LAST BIRTHDAY) MON	THE DAYS HOURS	MIN. PRONOUNCED A	60 - 07 36
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	S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON THE	_		USA	WIDO		CED [ Mont	somer MD
	PAGE IN PAGE I	10 C	TY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR OT	HER INSTITUTION	120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING (IFE)	WORK 12b. KIND OF BUSINESS OR INDUSTRY
	A LA EL EL COO		13.11/100	11-1	CV OSEN H	200	Control Spec.	G.S.A.
_	S S S S S S S S S S S S S S S S S S S		L RESIDENCE (IF IN NURS HE HOME O	R OTHER INSTITUTION CI	IVE RESIDENCE BEFORE ADMISSION)	028		
2120	ANY DE ANY DE RETAIN DE COULD BECOULD BECOU	130. S	TATE COUNT	x. 4	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	STREET ADDRESS	/20904
.0	F 5.8.02 F	14 E	THER'S NAME	020-	IV/VPX	15. MOTHER'S MAID	7	1018 17 d.
₹.	H- 20 -	14. 17	Leonardo	MIDDLE	Gentilcore	Marie	Concetta	Cotturo
28	A S S S S S S S S S S S S S S S S S S S							000000
IIM	NETER PARES I FOR SION	16a \	VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	(wife) ADDRESS	
BALTIMORE, MD.	S AFTER GIVE PA GIVE PA FITH FOI PAGES IVISION		Yes WW	11	578-20-9749	Lorraine	R. Gentilcore-	(same as 13e)
:	SH W		18 CAUSE OF DEATH (Enter onl	y one cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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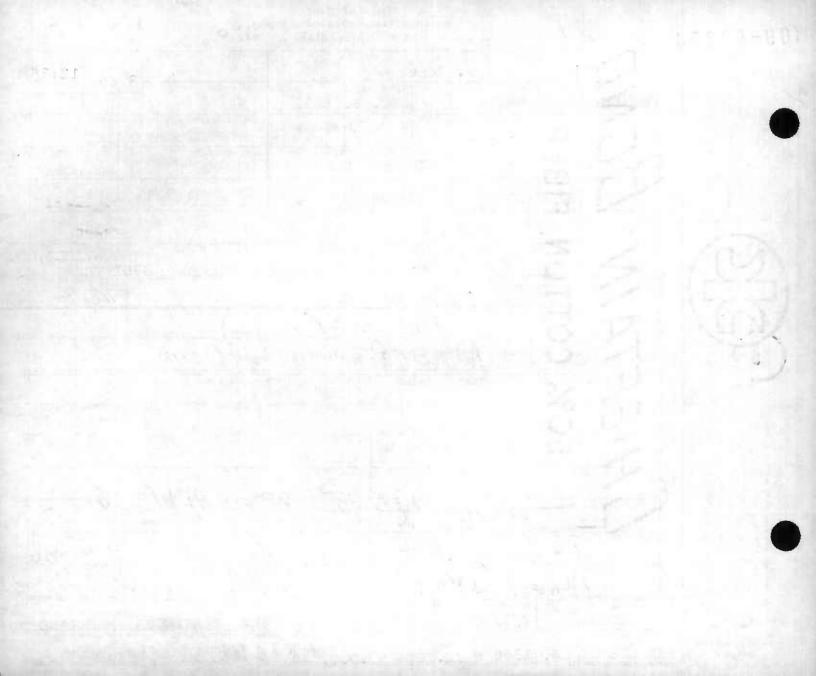


				STATE OF MAKTLAND		
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1 75 >	1	John		Giannini	April 10	1986 7:55 P.
1/	3. SE		4. RACE	5. DATE OF BIRTH		UNDER I YEAR OF UNDER 24 HRS
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1301		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
11/1/	I1	aly	USA	WIDOWED DIVORCED	Montgomery	MD.
17		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Suburban Hos	G HOME OR OTHER INSTITUTION DIESSI	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE) Ret. VA. Adm.	12b. KIND OF BUSINESS OR INDUSTRY Govt.
3 2/	105U. 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY [13t. CITY OR TOWN — Washington	N 13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CODE 30 Missouri Ave.	N.W. 20011
22 /20 h	14 FA	THER'S NAME	, asiirii geo.	15. MOTHER'S MAIDEN NA		110110
17 /10/	1	Alexander	Gianni:	ni Maria	Rosario	(unknown)
78 1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES OF YES			ADDRESS	12.
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hysics sopial sect.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and	` _		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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by the assert		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF I About a venal o	line dich	50
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ficate fransi Hyg 18 sh		210. ACCIDENT WAS UNDERLYING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
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.= 0#	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	ARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
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ECT ed fo ot. of em 2		obove, (I) (we) (did) (did no	it) view the body after death.	DEGREE	dediti occorred of the date and hour a	
AL DIR detoche pre Dep T: If the		ENOS	Juli	ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
o FUNER rould be of the Stone o		224. PHYSICIAN'S NAME (TYPE	DR PRINT)	22e. ADDRESS	1	n / n 1 2
should be with the MPORTA		K.NOSS	UCC, MD	1170000	Georgehoury	Rd Rockv. Mc
999	23a. E	URIAL, CREMATION, REMOVAL Burial	1/-15-1086	AME OF CEMETERY OR CREMATORY	23d LOCATION	Coorgos Md
+++	24 FI	UNERAL DIRECTOR	FOL	t Lincoln Cemetery	B rentwood Pr.	R'S SIGNATURES MIL.
H - 16 60M 7/84 VRA 15, 4)		nes/Rinaldi Fun	TIOMO AUDRESS	N.H. Ave.	PR.1 4 1986	State and free factor
(4110 19, 4)			olive	r Spring, Md.		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED Sophie GLUKENHOUS 15/19 86 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Feb. 18. White 1901 85 Female DEAD 15/19 86 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New YORK U. S. A. WIDOWED XX DIVORCED Montgomery County, III CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Finance Officer State Dept. Silver Spring Holy Cross Hospital Maryland 13d. INSIDE CITY LIMITS? Montgomery Silver Spring 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frankel David Caplan Taa 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 7. INFORMANT 1102 Edgevale Road. 578-62-5252 Celia Shapiro Siguan No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple Stab Wounds of Chest and Abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES KO NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 12midwight 4/15/86 subject stabbed 21e PLACE OF INJURY (ATHOME 21f LOCATION WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC. Silver Spring, Montg., parking lot 16th St. 220. I certify that I took charge of the remains described above, held an Autopsy Inspection TO MEDICAL EXAMIN
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTC
AFTER DEATH, WITH ITH
BALLIMORE, MARYLAI Hamicide X death resulted from Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 4/15/86 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell 111 Penn St 23L NAME OF CEMETERY OR CREMATORY 23d. LOCATION B'Nai Israel Congregation Bibrial 4/16/1986 07/B4 **DHMH - 17** 232 MCARROLL STREET. N. WD. WASHINGTON. D. C. whia Davidson Rando De (VR A15 ME (5))





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A OE OD	3. SE)		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	<u>.                                      </u>	UNDER 1 YEAR	IF UNDER 24 HRS
ge 4		Female	White		Nov.	27, 1906 EAR	79	YRS.	ONTHS DAYS	HOURS MIN.
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de on 72		iladelphia,PA	United	States	WIDOWE		Montgo	omery		MD.
事 報	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT (IYPE OF WORK FOR MOST O HOUSEWITE	ION OF WORKING LIFE)	12b. KIND O INDUSTRY at ho	F BUSINESS OR
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pito DTO To for of F		sow the deceased alive or abave (1) we did did no	of view the body	after death	8 0 , or	d that in (my) (our) opinion	death occurred on the d	ate and haur	and from the	couses stated
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Or or or with		URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
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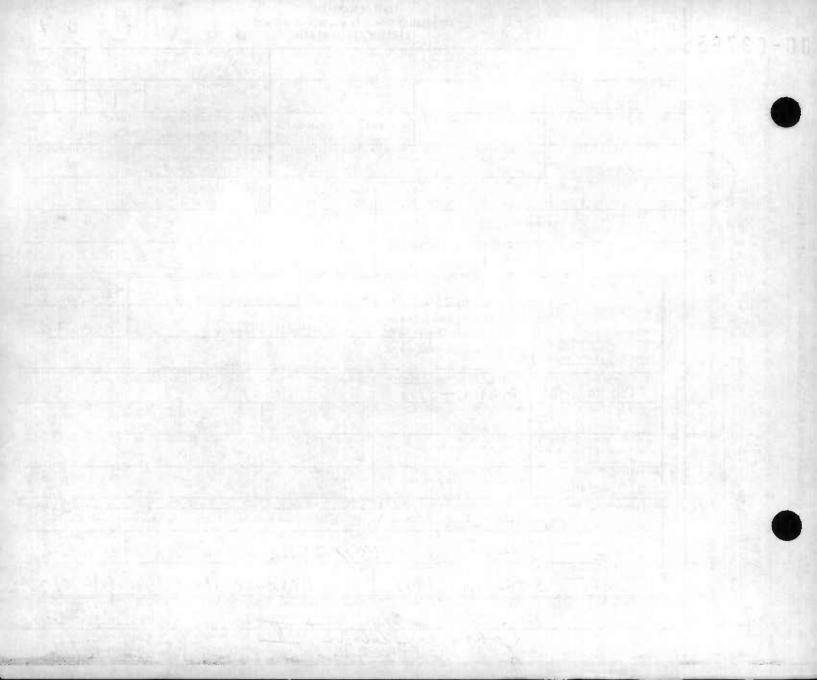
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		1			STATE OF MARYLAND		
		11.	FOR STATE	DEI	ARTMENT OF HEALTH AND MENTAL HY	GIENE	1888
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	poge 3	,,,,,	Bertha	ELizabeth	Hall	Horil 6, 19	186 VI:13 AM
	oe od e	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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AND 21	filled in rould be must be	13a. S	AL RESIDENCE (IF NURSING HOME OF	ONTO	TOWN 13d. INSIDE CITY LIMITS?	18641 Terus	alem Church Rd.
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	Of Of M	23a. E	URIAL, CREMATION, REMOVAL	23b DATE	234 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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		24. FI	INERAL DIRECTOR		. Washington Stan DA		
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				STATE OF MARYLAND		
	1-	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	80	1 3 8 9
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ter b	3. SE		4 RACE	S. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIP
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	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE	, FARM, ETC		
3 O O O E			pital) attended the deceased fram	MARCH 1986	2, 10 APRIL 9	19 86 , that () (we) lo
R ATTEN haspital RECTOR: red for us ppt. of He em 21 is		sow the deceased alive of	n April 9 19.	and that in (W) (our) opinion	deoth occurred an the date and hou	ur and from the couses stated
OR All e hosp DiREC Dept. of Item		275 SIGNATURE	View the body after beath	DEGREE	THE STATE OF THE	22c. DATE SIGNED
7 5 9 5 6		12 Ross	Jewis	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	14/10/86
o HOSPITAL etained by 1 TO FUNERAL should be de with the Stat		224 PHYSICIAN'S NAME (TYPE	OR MINT)	22e ADDRESS	STORECTOR THISICIAN	
TO HOSPIT etained by TO FUNER should be a with the Ste		Robert	GERWIN 1	10 7500 HAL	over Pkwy G.	roubolf H. 12
MP Show	22- 1			NAME OF CEMETERY OR CREMATORY	123d LOCATION	(01/10)1/10/2
20		BURIAL, CREMATION, REMOVA (SPECIFY) Burial			CITY OR TOWN	ville, Maryland
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DHMH - 16 60M 7/B4	2.4	UNERAL DIRECTOR	John ADDRESS	The contract of the contract o	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	St	ewart Funeral	Home 4001 Benn:	ing Road, N.E. Ap	R 1 6 1986 Julian	migrate-Marketin



led in by the funeral director page 3

STATE OF MARYLAND

6 REG. N	IO.	1	8	9	(
E OF DEATH	MONTH	DAY	YEAR	25 H/	THE

1-	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYC	B O REG. NO.	1 1	8	9 0	
	CEASED NAME FIRST		T.	Ha1	1. 1	April 16		1986	2b HOUR 4 P M	
3. SE	x Female	4 RACE Caucas	sian	5. DATE C		6. AGE (IN YEARS LAST BIRTHI	YRS		IF UNDER 24 HRS HOURS MIN.	
<b>W</b> a 10. €	IRTHPLACE (STATE OR FOREIGN COUNTRY)  ashington, D.C.  ITY OR TOWN OF DEATH	D.C. U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED NURSING HOME OR OTHER INSTITUTION VE STREET ADDRESS)		9 BALTIMORE CITY OR COUNTY C  Montgomery  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		12b. KIND OF INDUSTRY	MD.  BUSINESS OR	
USU 130	aryland Mon	or other institution ounty	gomery Rockvill		134 INSIDE CITY LIMITS? YES X NO 1	Homemaker   13e.STREET ADDRESS / ZIP CODE   16109 Crabbs Br				
	(not avail: WAS DECEASED EVER IN U.S (YES. NO OR UNKNOWN) (IF YE		Thomas  166 SOCIAL SECU  578-48-		(not avai	6316 May		Campb		
IFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, O  ICA  INT CONDITIONS C	In ali	ENCE OF  DEATH BUT  LEWE	NOT RELATED TO THE TERM	Alinal Disease OR CONDI	TION BIVEN 20b. IF YES, W	IN PARI 110	GS USED OF DEATH?	
MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEFER, NOTIFY MEDICAL EXAM	DE DEATH HOUR A	M. MONTH D.	AY YEAR 19	46	RED (ENTER NATURE OF INJURY	YES [	I OR PART 2)	NO []	
MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK  210 Certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did not: view the body after death.  220 Signature  DEGREE  211 LOCATION STREET  212 LOCATION STREET  214 LOCATION STREET  215 LOCATION STREET  216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM EIC)  217 LOCATION STREET  218 LOCATION STREET  219 Jo									
24 F	BURIAL CREMATION, REMO (SPECIFY) BURIAL UNERAL DIRECTOROBE 300 W. MONTGO!	APRIL RT A.PUMPI	18,1986 G	ATE O		TERY SILVER TERECT BY REGISTRAR 2:		1000000	rg State Marylani	

DHMH - 16 60M 7/84 (VRA 12 4)

retained by the hospital or TO FUNERAL DIRECTOR:

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should be detoched for use as the burial-transit permit. Then please remave carban pape with the State Dept-al Health and Mental Hygiene priar to burial, cremation, ar remaval After this certificate has been

00-03178	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE 6	11892
		REGISTRAR  CEASED NAME FIRST FOR PRINT) BOBERT	- PREST	LAST	REG NO 20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
4 may be or, page 3 after death	3. SE		4 RACE	5. DATE OF BIRTH MONTH 24Y YEAR	6. AGE (IN YEARS LAST BIRT	13/06 0200W
sth. Page gral direct 72 hours.	0	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED THEVER MARRIED		R COUNTY OF DEATH
ins offer dea by the fune filed within?	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	WIDOWED DWORCED RISING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE P	F WORKING LIFE) INDUSTRY
BALTIMORE, MARYLAND 21201  be executed within 24 hours in the medical examiner must be file in by another. Pages 1 and 2 should be file wool.	UšU	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OR		130. STREET ADDRESS	NTWILLWWWW. 12. #123
MARYLAN mpletely bad 2 sho	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NA FRANCE	ME MIDDLE	PRIFT
MORE, A	160 V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE		SECURITY NO. 17 INFORMANT WIFE 28-3423 JUAN HAN	ADDRE	SS BENT WILLOW CIR
quires that the authorisms signed by the art and then please remove contain to buriel, cremotion, or remojery, at other traumatic even	NO	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last.	D BY.  TE CAUSE (a) GAST  DUE TO, OR AS A CONSI  (b)  DUE TO, OR AS A CONSI  (c)	EQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MONTUS  DITION GIVEN IN PART 110
AL RECOR	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SION OF VITA PHYSICIAN: The rading physicic to this certificate to buriol-transit and Memal Hygin do not ten 18 shall do not ten 18 shall be seen to the seen the see	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)
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ATTENDI ospital or ECTOR: A d for use of Heal	100	220. Learnify that (1) his hospit saw the deceased alive on above, (1) (we) (did) (50 no 22b. SIGNATURE	MAR. 25	F /	, 10	19 6, that (1) (we) last one and hour and from the couses stated
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	L '	CREMATION, REMOVAL	1.4/6/86	SHITH BURIE	23d LOCATION CITY OR TOWN 541TH BUC	
DHMH-16 60M 1/73 (VR A 15 (4))	6	UNE Heller A	BARNES	P.O. BUX 86 250. DAT	PR 9 = 1986	25b. REGISTRAR'S SIGNATURE

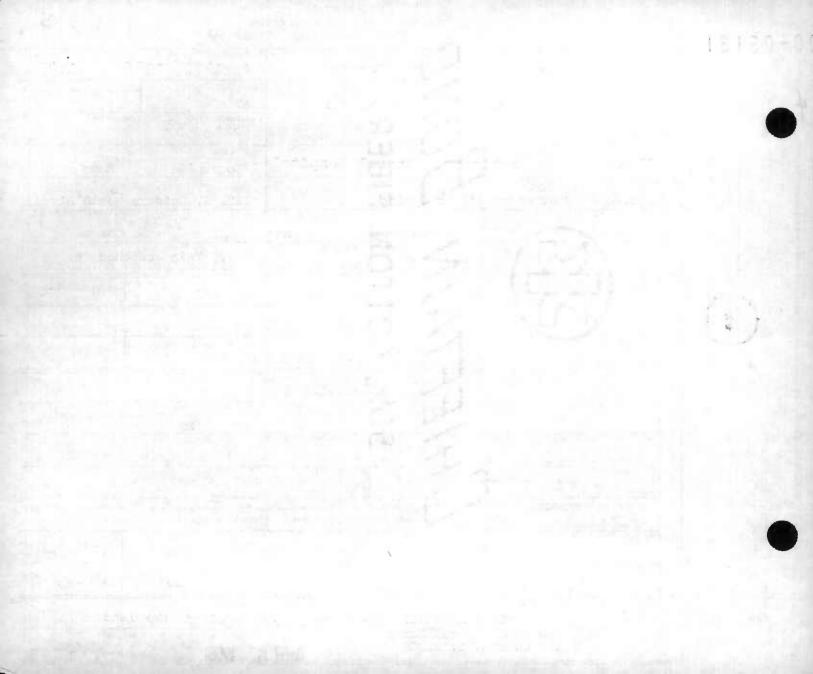


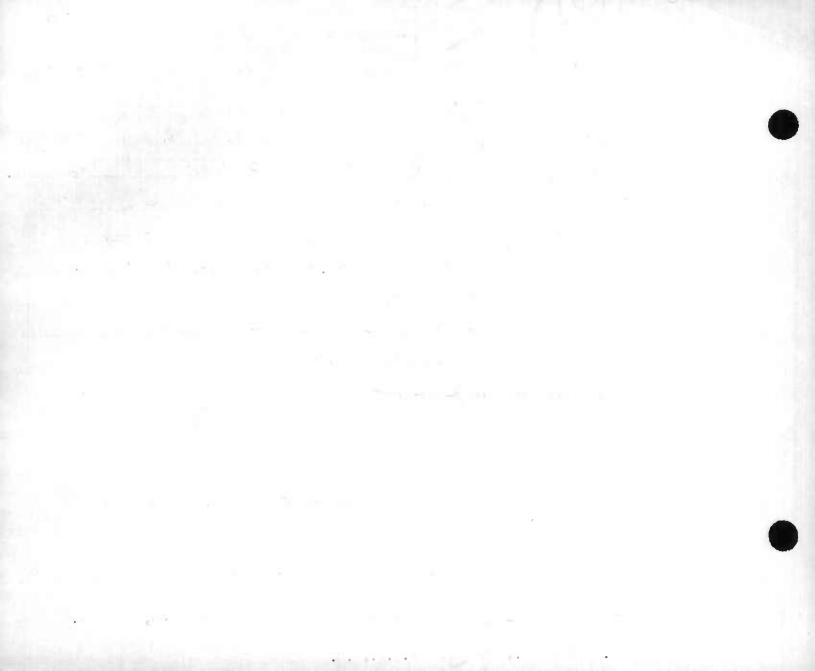
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(VRA 15, 4)

STATE OF MARYLAND





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN 🔽 (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD FOREIGN COUNTRY) MARRIED NEVER MARRIED U.S. New Mexico DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Secretary Legal SUAL RESIDENCE 20902 21201 130 STATE 13e STREET ADDRESS View Dr. 11321 College 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE William Edna Smock A. Gorton 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 272-01-0953 Mr. John Heckathorn - Same as No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY PRESTON ST IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (g) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? REPAGES SHOULD BE USEN PAGES SHOULD BE USEN PAGES SHOULD BE USEN PRIOR TO BURN PRIOR T YES NO 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH P.M. ZIE PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my apinion death resulted from: Notural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BACK MORE, M SIGNATUR EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 4-26-86 Removal 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** Anatomy Board DDRESS Balto., Md. (VR A15 ME (5))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., DALLIMORE, MANILLAND 21.201	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fage 4 may be assisted or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3
	ATTENDING PHYSICIAN: The la	CTOR: After this cert

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(VRA 15, 4)	Iv	es-Pearson Fu	neral Hor		s Chur	ch, VA.	1986 40	lie Desidon	-Pondelle	6

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -0313 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. 1. DECEASED NAME 2a DATE OF DEATH 2b. HOUR LIYPE OR PRINTI HET.EN R HETNRICH 2, 1986 April 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDED 2 1 MD 3 SEX 4 RACE 5. DATE OF BIRTH March 25. Female White 1900 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Montgomery U.S.A. Mass. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Chevy Chase Cedar Parkway Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Atkinson 13. STREET ADDRESS / ZIP CODE 16 Sitchney Road 13d. INSIDE CITY LIMITS? YES T 15 MOTHER'S MAIDEN NAME MEATHER'S NAME MIDDLE MIDDLE John FIRST O'Brien Calnan Mary ADDRESS BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWNS LIF YES, GIVE WAR OR DATES! 019-10-9573 Daughter - Clare M. Gilliam - Same as #10 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY HEPATIC FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PRIMARY BILLARY CIRRHUSIS Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ YES [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR YOWN COUNTY AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 4/2 22a. | certify that (1) (this haspital) attended the deceased from\_ saw the deceased alive an\_ and that in (my) (aur) apinian deoth accurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the bady after death 22b SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL Apr. 2, 1986 PHYSICIAN K DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS GEORGETOWN UNIV. HOTP. THORESERVOIR RD NW THEODORE Li, MD hashington, Do 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23d. LOCATION Immaculate Conception Cention Lawrence Mass. Apr. Devol Funeral Home 250 DATE REC'D. BY REGISTRAIN 250 REGISTRAR'S SIGNATURED - 16 50M 4/83 Washington, D.C. (VRA 15, 4)

LES BELLBER ACCEPTAGE March 1, 1923 1 80 .... (Lighted x to gitting a seat.) All that is the second of the THE MAN STEEL STEEL THE THIRT - CLUSE M. CHILTEN - THE ME TO design of the second the e, 10% I made our entire con, Intrace, Mis. schington, h.c.

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	SPITA I by I VERA VERA I be de Stot		THE PHYSICIAN'S NAME THE	OR PRODUIT	400	0	PHYSICIAN 22e ADDRESS	DIRECTOR   PHYSICIAN		13112
	etoined by TO FUNERA should be de with the Stot		MONTON		APIRO	MA	_ ^	OKS All &	1 Rot	6 mes.
	Show of the show o	220 5	URIAL, CREMATION, REMOVAL			INTO CO		123d LOCATION	1 paci	7
	BP	230. 8	SPECIFY)				EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
	Dr	24 FI	Burial UNERAL DIRECTOR	14-8-1		lingto	n National	Arlington TE REC'D. BY REGISTRAR 256. 81	EGISTRAR'S SIGNI	Virginia
	DHMH - 16 60M 7/84 (VRA 15, 4)		nes/Rinaldi Fu	neral H	OME ADDRESS		6	PR 0 7 1006	TO THAN S SION	Dead on
1	(VKM 13, 4)				Silve	er Spr	ing, Md.	1000		and the same

STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE - STALL REGISTRAR Carolyn DECEASED NAME TO DATE KNOWN 00E A OF ESTI-DEATH MATED AGE (IN YEARS IF UNDER 1 YR F UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9 To BIRTHPLACE ISTATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH NEWER MARRIED Maryland USA KIND OF BUSINESS OR INDUSTRY 12a. USUAL OCCUPATION LYPE OF WORK FOR MOST OF WORKING LIFE! Clerk US Gov't. 20815 13e STATE LIE COUNTY 13d INSIDE CAY LIMITS? 13e. STREET ADDRESS CHASE YES NO IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Hardestv Mary Ellen Swann JOSET 16b. SOCIAL SECURITY NO. 7. INFORMANT 144 Highline Trail 578-01-4534 Doris Murray, Stamford, Conn. 06902 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY ACUTE MYECARDIAL INFARCTION IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO I E 3 SHOULD BE DEPARTMENT BU 21a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AM. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on Autopsy Suicide Homicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 4/5/86 Mt. Comfort Crematory Alexandria, VA 07/84 25M 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 5130 Wisconsin Ave, NW, Washington, D.C. 20016 ---- Walledon-Narplette (VR A15 ME (5))

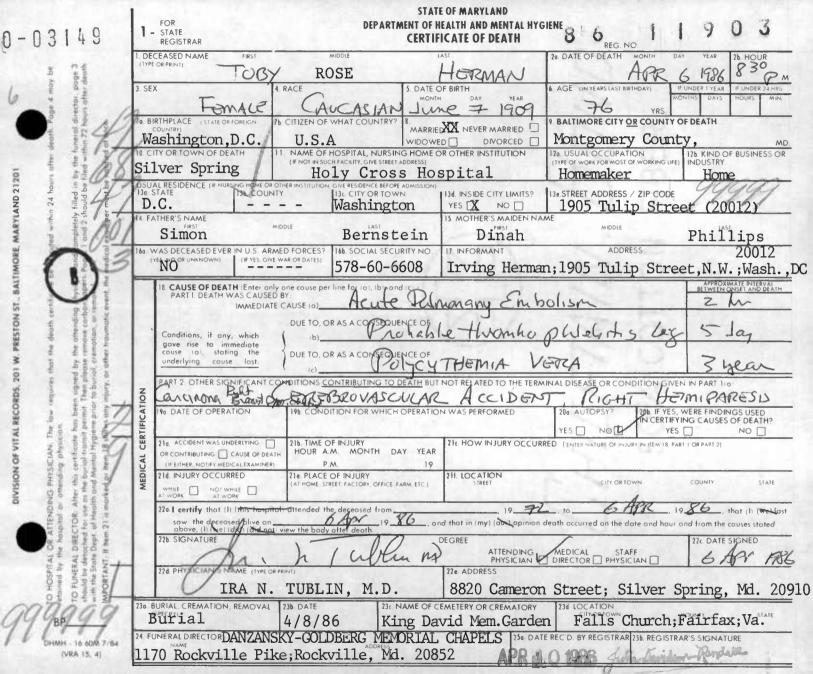
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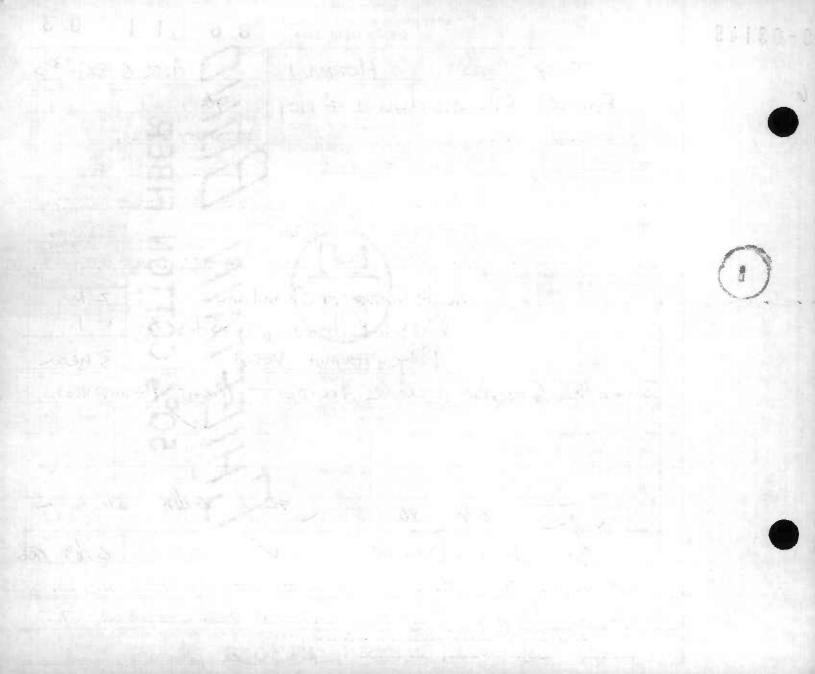
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26. DATE KNOWN OF MONTH
OF ESTIDEATH MATED (TYPE OR PRINT) DIRECTOR. WITHIN 72 HOURS SEX RACE 6. AGE (IN YEARS IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS 20 DATE MONTH LAST BIRTHDAY FUNERAL DIRECTOR 5 FOR YOUR PRONOUNCED DEAD YRS 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED AGE FILED, W WIDOWED T DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF RECORDS, 130. STATE OR TOWN 13d. INSIDE CITY LIMITS 14. FATHER'S NAM MIDDLE 160. WAS DECEASED EYER 16b. SOCIAL SECURITY NO 7. INFORMAN' LYES NO OR UNKNOWN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES . E 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 11b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY CATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET 21201 WHILE AT WORK WHILE CITY OR TOWN COUNTY STATE MARYLAND, 22a. I certify that I took charge of the remains described above, held an Inspection Autopsy Inquiry and in my apinian PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALLIMORE, MARYLAN death resulted fram: Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMMER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 4-11-86 Burial Arlington Nat'l Arlington, Cem. VA BP 24. FUNERAL DIRECTOR 1256 REGISTRAR'S SIGNATURE 246.N. Washington St 250. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5) George R. Snowden Rockville, MD 20850 15M 2/80





5 minuties 11-15 VEZVS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Kt Brezst, Removed 2 vrs, 200; vecent Adult, Onset Diabels 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 19 86 ) and that in (my) post apinion death occurred an the date and hour and from the causes stated rnabas Road (SPECIFY) Burial 13April86 Thompson Cemetery Ky Benton Marshall 24 FUNERAL DIRE Robert E 250 DATE REC'D, HY HEGISTRAR 256. REGISTRAR'S SIGNATURE. Wilhelm Funeral Home grain Davidson - Por Suitland Maryland

STATE OF MARYLAND

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 1 YEAR

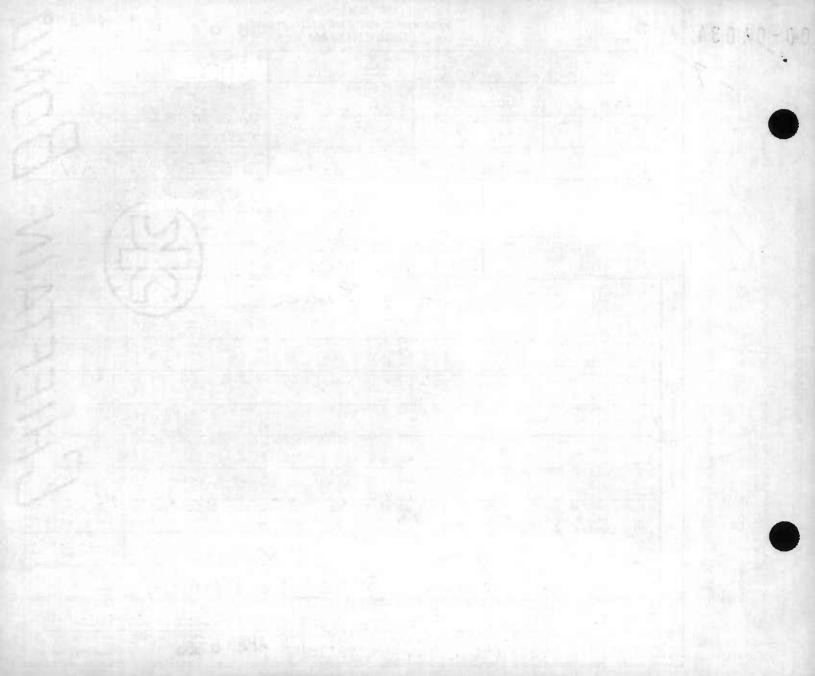
INDUSTRY

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IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

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		c		DECEASED NAME FIRST TYPE OR PRINT)		WIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
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1	4 mg	i i		SEX	4. RACE		5. DATE C		6. AGE   IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
4	oge .	0 5 10		MALE	WHITE		FEBRU	IARY 13, 1911	75	YRS.		
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AND 213	filled in	mast be			ROTHER INSTITUTION NITY	STLVER ST		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	D STRE	ET	20902
MARYL	ed within	examine		FATHER'S NAME HARRY FIRST	WIDDLE	HIMELFARE	3	REBECCA	ME	(ui	VASCERÎ	TAINABLE)
BALTIMORE, MARY	7	medico	1	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU 577-10-9		STEPHEN B.			ING LAI RYLAND	VE
RESTON ST., BALT				18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	ED BY TE CAUSE (0)	DR AS A CONSEQUE	rator NCE OF	0 /			Ling ?	MATE INTERVAL ONSET AND DEATH
IS, 201 W. PRES	5, 201 W. PRESI		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(0)	Malego OR AS A CONSEQUE	NCE OF		INAL DISEASE OR CON	IDITION GIVI	EN IN PART 1		
AL RECORD	he low req ion. hos been s	ene prior to	7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED S OF DEATH?
OF VIT	CIAN: T physici	rial-trons		OR CONTRIBUTE OF DE	ATH HOUR A	OF INJURY M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM IB PA	ART T OR PART 2)	
DIVISION OF VITAL	VISION VISION Offending offer this ce the buri	4	OR CONTRIBUTING CAUSE OF DE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	-	211 LOCATION STREET	CITY OF TO	)WN	COUNTY	STATE	
	ATTENDIN Ospital or of ECTOR: Aff of for use on f. of Health m 21 is mor		21 is mar	22a.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	n	3 19	86.01	nd that in (my) (our) opinion	to 4- 6	ate and hour		that (I) (we) lost causes stated
	ALOR A the hos ALDIREC etoched te Dept.			22b. SIGNATURE	uh)	A. Bur		DEGREE ATTENDING PHYSICIAN X	MEDICAL STA	CIAN	4/7/	1986
	O HOSPIT etained by TO FUNER	should be owith the Sto		FREDERICK (	S BA	IRR M.	0.	106 IRVING S	TREET, N. W	V., WAS		
	ρ € ρ ΒΡ	* 3 3		o burial, cremation, remova BURTAL	4/8/1			AEL CONGREGAT	TON CHOXON	HILL,	PR." GE	0., MD.
	DHMH - 16 : (VRA 1		2	DUNALD METOSTEIN 232 CARROLL STRE	HEBREW N ET, N. (	MEMORIAL I	FUNERA NGTON	D. C.	10 128 RAB	SIV REGISTE	AN'S SIGNA	HILLE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-04.530 REG. NO 20 DATE KNOWN OR PRINT OF ESTI-Jesse Churchill Hitt DEATH MATED 4/18 1986 4 RACE DATE OF BIRTH IF UNDER TYR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White eb. 14, 1917 69 DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY X Montgomery County Virginia D CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Silver Spring 9503 Woodland Drive Locksmith Self-employed T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland NO | 9503 Woodland Drive Montgomery Silver Spring YES 20910 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME John Marvin Hitt Dowdey Josephine. W. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW TT 579-01-2521 John F. Hitt Brother Same as 13 Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute myocardial disease. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG. CERTIFICATION None 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES [] NOX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY Inspection X 4, WITH THE S MARYLAND, 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 4/18/86 M.D. Deputy SIGNATURE 1919 Seminary Road TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTINK John S. Rogers, M.D. MER'S NAME Silver Spring, Montgomery County, Md. THE OR PRINT 23a BURIAL CREMATION REMOVAL Burial Apr. 22, 1986 Culpepper National Comethry Culpepper Culpepper 07/84 25M Francis J. Collins. Jr. **DHMH - 17** more more into a himstrape 500 University Blvd. W. Silver Spring. Md. (VR A15 ME (5))

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15 II 572-01-1521 To n F. Hitt Buckey Some as als

1 500 Instruct to Burd. D. Silver Spring. 14.

FOR STATE

(TYPE OR PRINT)

REGISTRAR

FIRST

Mamie

DECEASED NAME

## STATE OF MARYLAND

Hobbs

DEPARTMENT OF HEALTH AND MENTAL HYGIENER CERTIFICATE OF DEATH

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IF UNDER I YEAR

2b HOUR

126 KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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20 DATE OF DEATH MONTH

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10		orth Carolina	V.S.A	•	WIDOWED			ntgomery		
101	IE.C	TY OR TOWN OF DEATH			G HOME OR	OTHER INSTITUTION		UAL OCCUPATION		ID OF BUS
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11/1	84. F4	ATHER'S NAME	MIDDLE	LAST	15	MOTHER'S MAIDE	NAME	WIDDLE		LAST
NOU		Amy		Peterson	n	Lou			Pes	arson
Jajico /		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		INFORMANT		2705°RB601		
and a		No		578-40-1	5217	Annie L.	Burton	Forestvil	lle, Md.	•
The state of		18 CAUSE OF DEATH (Enter of	only ane cause per	line far (a), (b), an	dic	٨			BETW	PROXIMATE I
0000		PART I. DEATH WAS CAUS	ATE CAUSE (0)	Cardio	monumos	rary H	rver			
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18/	TIE						YES	/	YES []	NO.
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259	AL	OR CONTRIBUTING CAUSE OF DE	CAIII		19					
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1 2		saw the deceased alive o	n 4/14/	19	6 and 1	that in (my) <b>W</b> r) opi	inian death oc	curred on the date and	d have and fram	the causes
5 E		abave, (1) (%4) (dia (did n 22b SIGN	at view the body	affer death	DEC	GREE			22c. D.	ATE SIGN
2 /		(Met) Cons	Elm		M.	D ATTENDIN		CAL STAFF	u	1151
S S	10	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		2	2e ADDRESS	AN AU DIREC	OR PHISICIAN _		1
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IMPORT TRO	23n F	BURIAL CREMATION REMOVA	1 23h DATE	736	NAME OF CEM	ETERY OR CREALATA				
	23a E	BURIAL, CREMATION, REMOVA	4/19/8			Cemetery	J.K.1	city or town Clinton	COUNTY	h Car

S.

DHM

North Carolina
REGISTRAR'S SIGNATURE

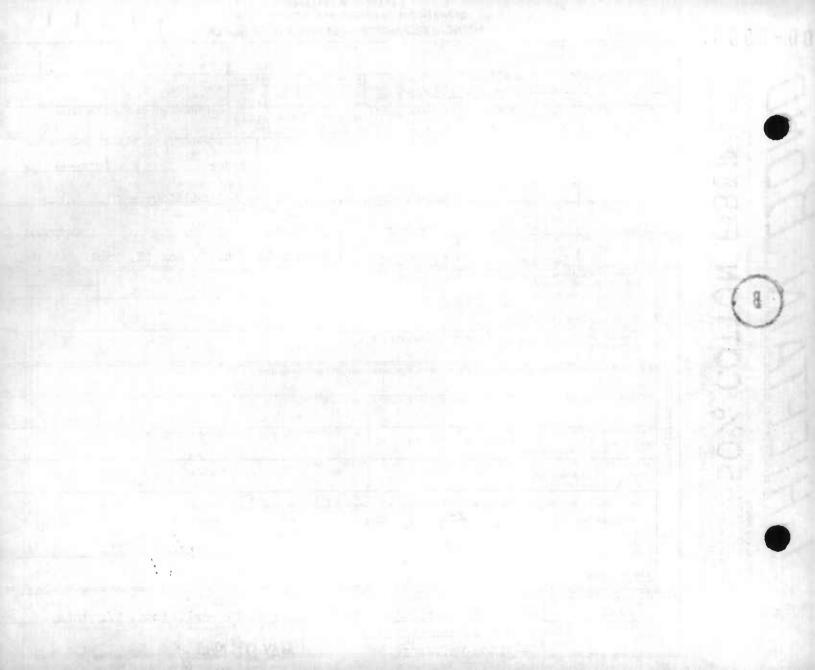
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Furial /1/86 Clinton On etery 6160 (Non Hill RG. Correl. Fone Coan Hill. MG.

STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR 26 DATE KNOWN I. DECEASED NAME FIRST MONTH 2b. HOUR LIYPE OR PRINT! ESTI-DEATH MATED Hoover 29/19 86 Glenn 4 RACE 3 SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE Male Caucasian PRONOUNCED DEAD 4/29/19 86 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY West Virginia United States WIDOWED DIVORCED Montgomery County B CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Suburban Hospital Major IISArmy SUAL RESIDENCE HE IN NUR ITE CHI OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NI COUNTY 3ª STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS CYES TY NO [ Washington, D 147 Duddington Pi 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST Glenn D. Hoover Sonia Ostrand 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) Rt. 6, Box 21, Ripley, W Va. John Holt Vietnam 23562 2211 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES Y NO [] 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OF TOWN COUNTY STATE WHILE AT WORK AT WORK X 220. I certify that I took charge of the remains described above, held air Vitapsy Inspection and in my apinian death resulted fram: Natural causes Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL 4/30/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 236 BURIAL, CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial May 2,1986 Arlington National Cemetery Arlington, Virginia 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ives-PearsonssFuneral Homes Arlington Va. 22201 (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN DE MONTH (TYPE OR PRINT) OF DEATH MATED 4 RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE RONOUNCEL FEMALE CAUCASIAN DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED NEW YORK USA HOMEMAKER 13e STREET ANDRESS / NEW YORK 264 LAKEVIEW AVENUE NO . 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE DOWLING JOHN MARY ROONEY E 166. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 086-22-6224 MICHAEL F. HORN HUSBAND SAME AS 13 CAUSE OF DEATH (Enter only one cause per line or (a), (b), apd (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 021/5 IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21b. TIME OF INJURY RWARDED TO THE PAGE 3 SHOULD B 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 71f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL E

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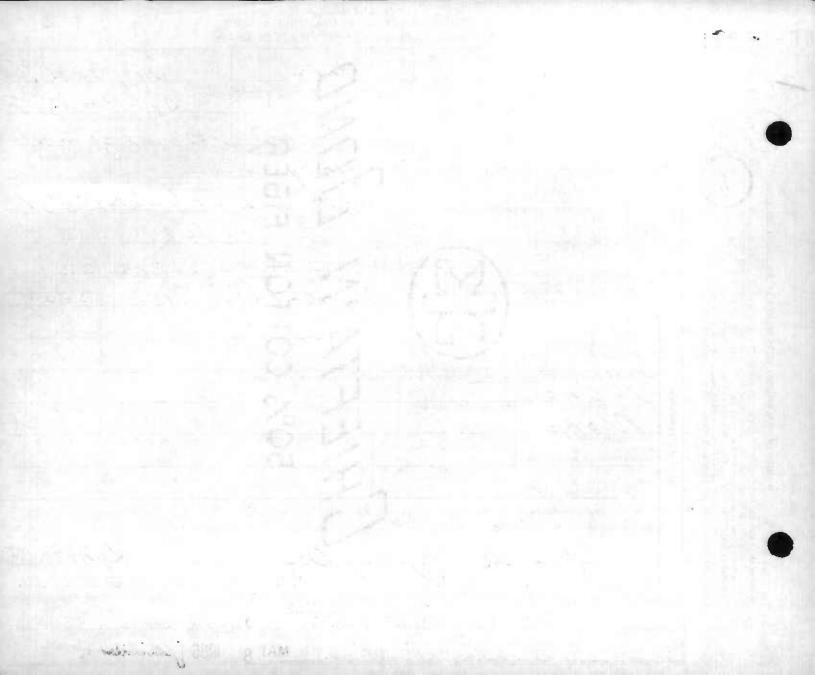
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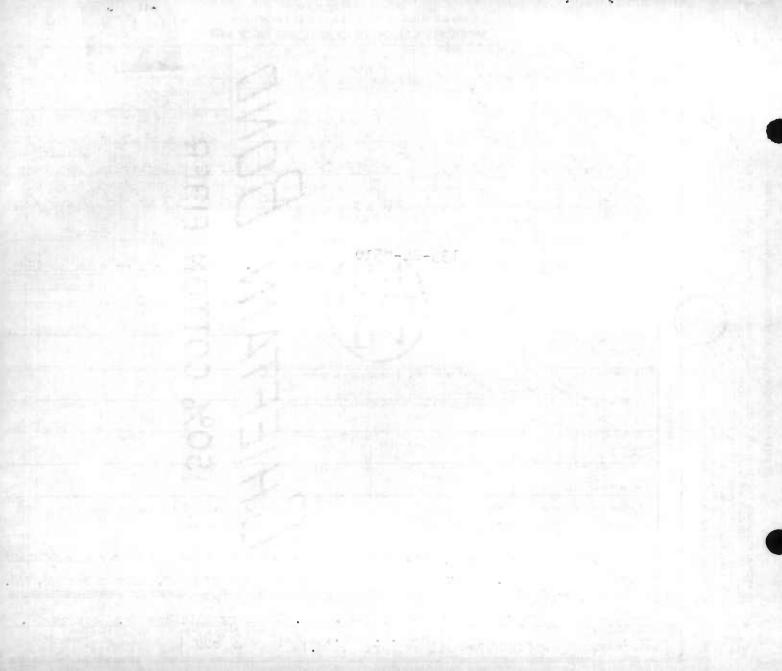
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MECUTE T ACTUAL SIGNATURE 1919 SEMINARY RD. SILVER SPRING, MD. JOHN S. ROGERS. M.D EXAMINER'S DAME 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OCEMETERY LONG ISLAND NAT'I NEW YORK PINELAWN 250 DATE REC'D. BY REGISTRAR FRANCIS J. COLLINS, JR. me visigion Bondale **DHMH - 17** 1986 500 UNIVERSITY BLVD. WEST SILVER SPRING, MD. (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND - STATE MEDICAL EXAMINER REGISTRAR DECEASED NAME ALEXANDER HROMOCKYJ 20. DATE KNOWN MONTH (TYPE OR PRINT) DEATH MA DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Ukraine MARRIED NEVER MARRIED USA WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Reference Libriarian Congress JSUAL RESIDENCE (IF 20901 30. STATE 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Pylyp Hromockyj Eva Tryzub 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** 133-24-8510 Korean Conflict Christine M. Hromockyi-wife-(same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO. 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK 22a. I certify that I taok charge of the remains described above, held an Inquiry and in my apinian Natural causes death resulted fram: Hamicide Undetermined manner Suicide PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH RALLINIORE, MARYI TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER John S. Rogers, DME EXAMINEDS NAME 1919 Seminary Road, Silver Spring, Md. ADDRES: 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 4-21-1986 Ukrainian Natl. Mem. Cemetery Suitland Pr. Georges Md. 07/84 25AA 24. FUNERAL DIRECTOR 11800 N.H. Ave. Silver Spring, Md. **DHMH - 17** Hines/Rinaldi Funeral Home (VR A15 ME (5))



STATE OF MARYLAND FOR OF HEALTH AND MENTAL HYGIENE - STATE 00-04175 REGI REG. NO CEASED NAME 20 DATE KNOWN TIPE ON PRINT OF DEATH MATED SEX AGE (IN YEARS IF UNDER 24 HRS DATE LAST DIPTHDAY) PRONOUNCED DEAD YRS a ARTHPLACE 9. BALTIMORE CUTY OR COUNTY OF DEATH MARRIED T NEVER MARRIED ойном социли WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS ORTHOUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Registered Nurse Medical NUTION, GIVE RESIDENCE BEFORE ADMISSION 20902 130 STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS A FATHER'S NAME 15. MOTHER'S MAIDEN NAME 1980 HIDDER LAST William Mary 17. INFORMAN ADDRES 14454 Edmeer Stree 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Sister (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 558-30-7779 TRANSIT PERMIT. PAGENTAL HYGIENE, DIVISION PREMOVAL. Holland, Michigan No Cross 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? NER: THIS CENTRE THE WORK
FE FORWARDED TO THE CHIEF
TOR: PAGE 3 SHOULD BE USE
TOR: PAGE 3 SHOULD BE USE
TOR: PAGE 1 SHOULD 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) INDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALLIMORE, MARYLAND 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident death resulted fram: Natural causes Suicide Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE \_MEDICAL EXAMINER EXAMINER'S NAME 1919 Seminary Road Silver Spring, Rogers 23a BURIAL, CREMATION, REMOVAL 23b 23c. NAME OF CEMETERY OR CREMATORY Apr. 18, 1986 Parklawn Cemetery Francis J. Collins, Jr. Rockville Montgomery Maryland 07/B4 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 500 University Blvd. W. Silver Spring. Md.

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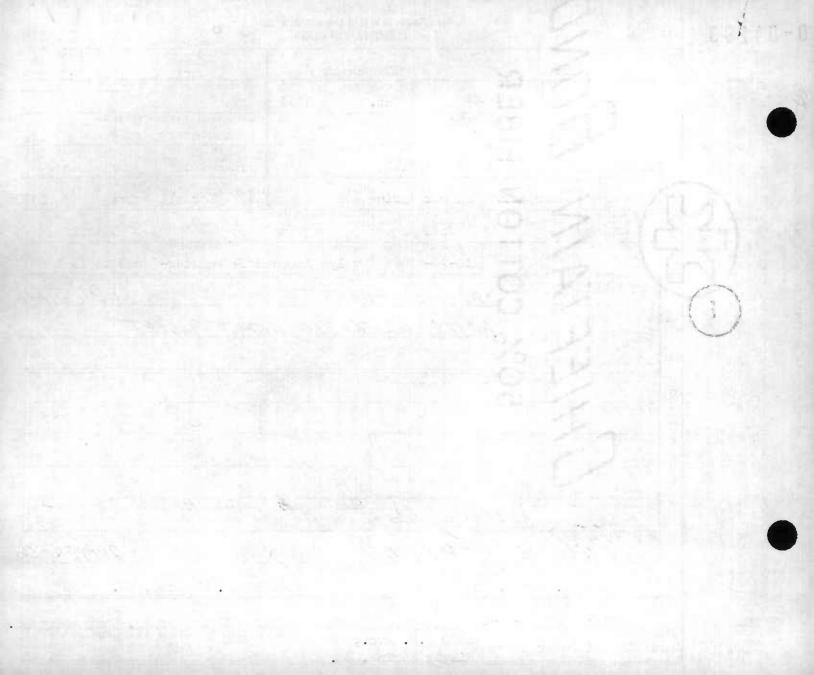
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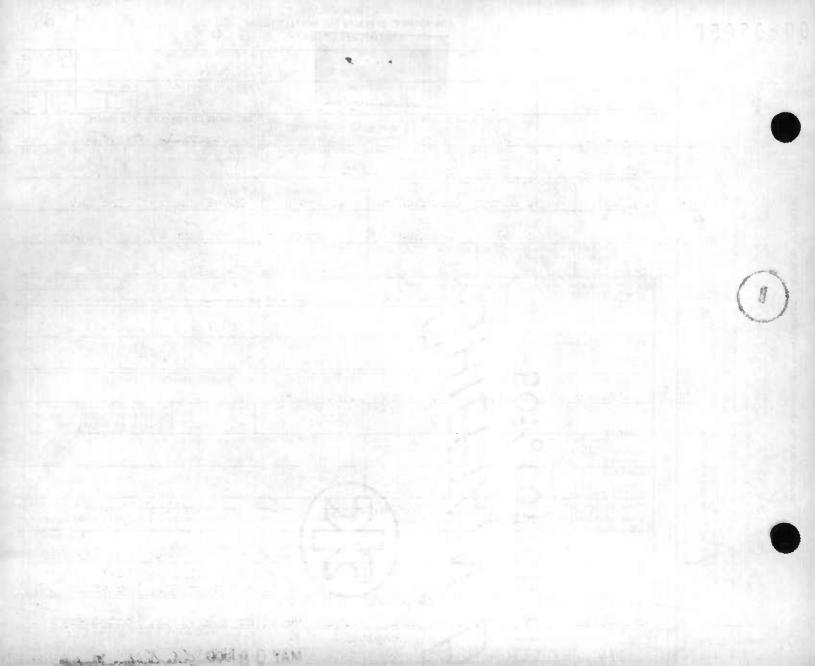
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Silver Spring, Md.

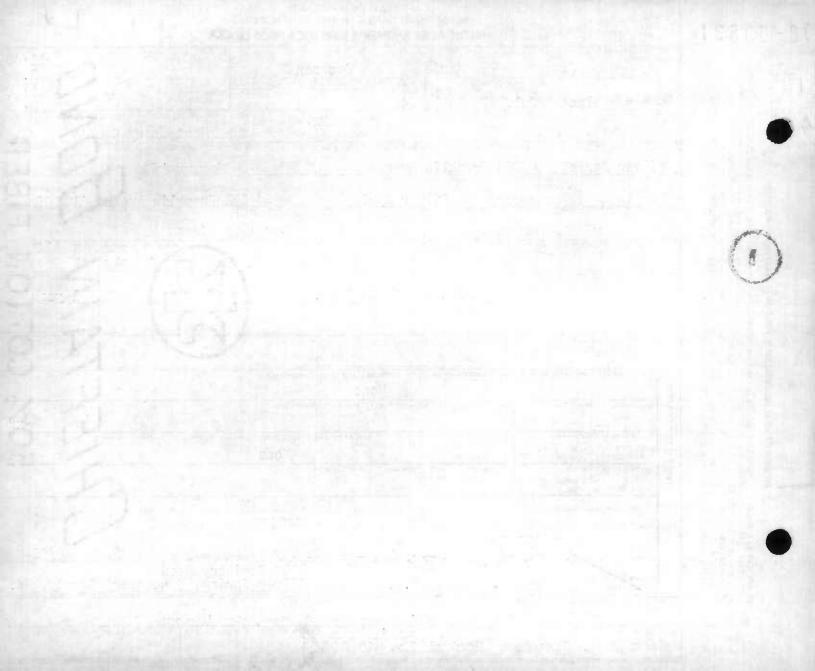
(VRA 15, 4)



STATE OF MARYLAND 00-05856 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME (TYPE OR PRINT) DAON April 30, 1986 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH 3. SEX MONTH 1986 April 30 Female White 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland Rockville DIVORCED [ WIDOWED LO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Rockville Shady Grove Adventist N/A USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. CITY OR TOWN 130. STATE 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 19941 Stoney Point Way Maryland Germantown YES X NO Montgomery IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE John Michael Freeman Ioannou Dorothy Cooper In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A N/A Dorothy Ioannou, See 13 a-e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 3hr 49 min IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIVISION OF VITAL RECORDS, CERTIFICATION Mother of deceased has an Incompetent Cervix 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL X AMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from Anni? sow the deceased away nil 30 abave ((1) we) (did (did no) wiew the body after death and that in (my (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL 4/30/86 PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 270 Anady Grove Adventist Hospital should be 9715 Medical Center Dr., Rockville, MD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL 23b DATE 5/30/86 BP Cremation Shady Grove Adventiist Rockville, Montgomery, 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Hospital DHMH - 16 50M 4/B2 ADDRESS (VRA 15, 4)



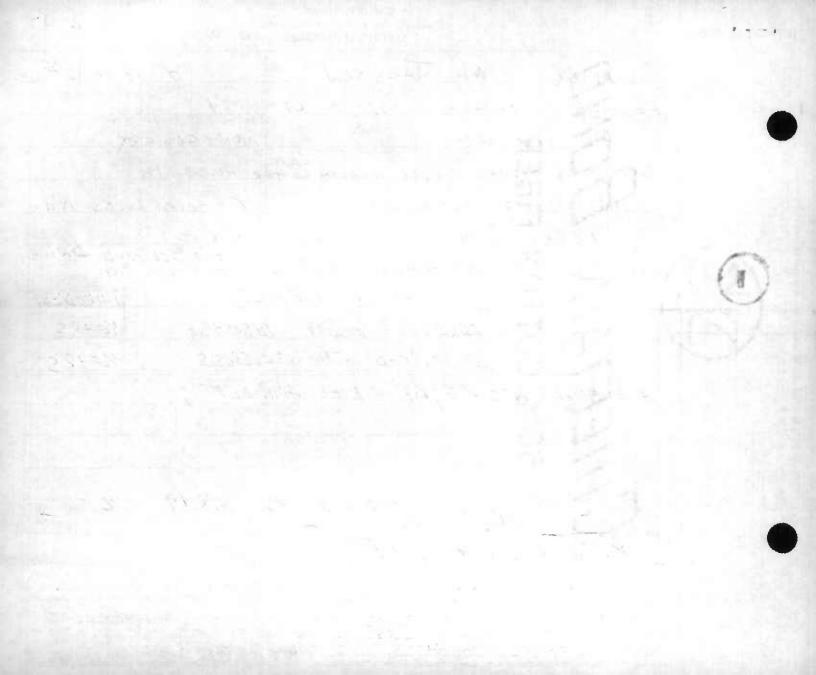
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN X (TYPE OR PRINT) ESTI-Jean Marie Jackson DEATH MATED 4/8 1986 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX 2c. DATE LAST BIRTHDAY) PRONOUNCED Female. DEAD Black Jul. 27, 1931 54 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) Wash. D.C. MARRIED XXNEVER MARRIED USA Montgomery County WIDOWED [ DIVORCED O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Silver Spring 203 Franklin Avenue Housewife 3e STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 203 Franklin Avenue /20901 YES [ NO [ FATHER'S NAME IS MOTHER'S MAIDEN NAME Stark Dorothy Dixon 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS same as 579-48-8466 George W. Jackson (Husband) No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Carcinoma of the lung. vear IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None NO XX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC ) CITY OR TOWN WHILE AT WORK X 22a I certify that I took charge of the remains described above, held an and in my apinian Natural causes X death resulted fram: Hamicide Undetermined manner PAGE 4 SHOULD BE TO FUNERAL DIRECTOR AFTER DEATH, WITH BALTMORE, MARKE TITLE (SPECIFY) Deputy 4/8/86 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 23d LOCATION 4-14-86 -86 Arlington Nat'l Cem. Arlington, VA
246 N. Washington St 250 DATE REC'D. BY REGISTRAR'S SIGNATURE 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** George R. Snowden Rockville, MD 20850 (VR A15 ME (5))



BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO IT 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred an the date and haur and from the couses stated 22¢ DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 4323 Havard Street, Silver Spring, Md. 20906 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Rockville, Montg. MD Burial Lincoln Park Cem. 24 FUNERAL DIRECTOR George R. Snowden

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/B4 (VRA 15, 4)



0-02883	1	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 1 9 2 1  CERTIFICATE OF DEATH						
		ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR			
ay be age 3 death		PE OR PRINT) RUTH	McGINNIS	JACOBS	APRI	<sub>LL</sub> 4 86 3:55p <sub>M</sub>			
T. po	3. S	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 21 HRS			
rs o		FEMALE	WHITE	March 7, 1894	92	YRS			
4 100	76.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED	BALTIMORE CITY OF	R COUNTY OF DEATH			
1	/	MARYLAND	U.S.A.	WIDOWED DIVORCED					
1110	110.0	ROCKVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADORESS)	120 USUAL OCCUPATION				
M.	4		NATIONAL LUTHE	ERAN HOME	HOMEMAKER	OWN HOME			
2 20 20	130	STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO	WN 13d INSIDE CITY LIMITS	13e STREET ADDRESS /	ZIP CODE			
P S III		AD ATHER'S NAME	A.A. LINTHIC	YES NO X		P MEADE RD. 21090			
with with	ZXI '	FIRST	MIDOLE LAST	FIRST	WIDDLE	LAST			
Comp	7/1/2	T. FRAN		TUDITY NO. 17 INICODALANIT	Ellen	Fallon			
ond o	1	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	2	(SON)	311 ELDERWOOD COURT			
cion ers.P		NO N/A			F. JACOBS AN	NAPOLIS, MD. 21401_			
ficot ficot pop novol ent, 1		PART I. DEATH WAS CAUSE	E   0 1 .   1	Tem to Alein	e e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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by th by th crer other		underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF					
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The inju	O N								
ow re been rmit. I prior	CERTIFICATION	198 DATE OF OPERATION	1% CONDITION FOR WHIC	H OPERATION WAS PERFORMED	70s AUTOPSY?	200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
The kind in the ki					YES D NOC	YES NO			
Z & Sot &		THE ACCEPTENT WAS UNDERSTORD [	The second secon	DAY YEAR	CURRED   LANGE HATTHE OF HOUSE	TOTAL SEPTIMENT (SEPTEMENT)			
IYSICIA ding pl s certif burial-t Mental	MEDICAL	(FETHER, NOTIFY MEDICAL EXAMINE	1) P.M.	19					
O PHY of PHY of Phy of the bull of the bul	MED	114. INJURY OCCURRED	71s. PLACE OF INJURY (AT HOME, SMEET, FACTORS, OFFICE	THE LOCATION STREET	City On 109	NN COUNTY STATE			
NG Net of the orke		AT WORK DISCOUNTS DISCOUNT		July 0	TH 4100	11/ 00			
END Olo Olo Heores		27s I certify that (I) (the horp saw the deceased alive or	1. CK 1A . I L B	flowy 19 19 19 19 opin	10 / 19	the and hour and from the causes stated			
ATT OSPITAL OSPITAL OSPITAL OF THE OFFICE OF		obove, (I) (was also I did no	of) kyw the body offer digoth.	O DECIME	non death occurred by the do	The DATE SIGNED			
OR A DIRECTOR		Day	un & Hally	ATTENDING	G MEDICAL STAF	11116 66			
by the by the by the by the by the bear	7	224 PHYSICIAN'S NAME (TYPE	OR PRINTS	THE ADDRESS /	The second secon	SIA ALLOWE			
O HOSF etained TO FUN should b with the		7	E. Dooley 1.V	14 ()					
TO HOSPITAL ( retained by the TO FUNERAL I Should be deto with the State I IMPORTANT: If	72-	BURIAL CREMATION, REMOVAL	0 0000	NAME OF CEMETERY OR CREMATO	RY 1230 LOCATION	rey CANI) au )			
BP	1,20	(SPECIFY)			CITY OR TOWN	COUNTY STATE			
		BURIAL FUNERAL DIRECTOR	49/1	250.	ARK GLEN BURN DATE REC'D. BY REGISTRAR	NTE A.A. MD. 25b. REGISTRAR'S SIGNATURE			
DHMH - 16 60M 7/84 (VRA 15, 4)	1	SINGLETON FUNE	RAL HOME GLEN BU			Fishe Davidson-Randell.			
			OHLIA DI						



10-05324	1.	FOR - STATE REGISTRAR	DI	EPARTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENES 6 REG. NO.	1922
1 35 F	1.08	CEASED NAME FIRST	A.	JAE	ser	20. DATE OF DEATH MONTH	27 86 1120 AM
The state of the s	1.58	Male	white	S. DATE C	BIRTH DAY 1905	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
of the party of th		GERMANY	76. CITIZEN OF WHAT COL	JNTRY? 8. MARRIEI WIDOWE		Mont gom	eny Countyno.
10 of 12 of 1	1110	akoma Park	11. NAME OF HOSPITAL, HE NOT INSUCH FACILITY, OF	VE STREET ADDRESS)	care Center	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKIN BANQUET, WAIT	GLIFE) 17. KIND OF BUSINESS OR INDUSTRY HOTEL
AND 212	USU Ibe	TATE 136 COU			13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CO	
MARYL, and with and with a series	0	PAUL	MIDDLE JA	EGER.	15. MOTHER'S MAIDEN NA ALMA	MIDDLE	OTTO
be executed on the state of the		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GR	IVE WAR ORDATEST	al security no. -07-6276	ROZALIA J	AEGER (WIFE)	SAME AS#13
rtificate I physicic pnpopers emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	enly one couse per line for (a) ED BY: ATE CAUSE (b)	(b), and (c).)	pulmonary	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND REATH
he death ce he attending emove carbing matian, ar r	1	Conditions, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF	0		4/26/86
W of the Secretary		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF	mellitus		1985
RECORDS, 201  low requires th  so been signed to be remit. Then pleate the prior to buriol.	NOI	ASCVD, Seri	ile Domerti	e, Di	TD	MINAL DISEASE OR CONDITION	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		YES NOW IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL NG PHYSICIAN: The offending physicion wher this certificate h as the burd-transit p th and Mental Hygier orked actiem 18 show	/ L.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE	EATH HOUR A.M. MON	19		RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART?)
NG PHYS offer this frer this os the but h and M srked of	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
A ATTENDII hospital or RECTOR: A red for use pp. of Heali			n tiended the deceased	19, ar		n death occurred on the date and	
O S P P P P P P P P P P P P P P P P P P		226. SIGNATURE POTO	かり			MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 4 27/86
TO HOSPITAL retained by the TO FUNERAL should be deto with the Store I IMPORTANT: II		6 B Patric	CK IIM		Silver	Colesville R	20910
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)	APRIL 28, 1981		CREMATOR		G.CO. MARYLAND
DHMH - 16 50M 4/B3 (VRA 15, 4)		UNERAL DIRECTOR NAME HAMBERS FUNERA	AL HOME SIL	DORESS SOP ING	- MD. 250. DA		GISTRAR'S SIGNATURI

133/25/H The second second 

		FOR STATE REGISTRAR			CERTIF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	B O REG. NO		924
-		CEASED NAME FIRST		TTOWN		AST		MONTH DAY	YEAR 2b. HOUR
TO	1: 5E)		ULIUS JA	LICKEE	5. DATE C	NE DIDTH	APRIL 5		7:57 DER 1 YEAR   IF UNDER 24 HR
		ALE	CAUCASIAN			30 1902 YEAR		MONTH	
1 and	LOS	RTHPLACE (STATE OR FOREIGN		7h CITIZEN OF WHAT COUNTRY? 8		30 1902	83  9 BALTIMORE CITY OR COUNTY OF DEATH  MONTGOMERY		
2/	NI	EW JERSEY	UNITED STATES		WIDOWE	The state of the s			
7	BETHESDA		(IF NOT IN SUCH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  NAVAL HOSPITAL			126. USUAL OCCUPATION (1778E OF WORK FOR MOST OF WORKING LIFE) RETIRED 12b. KIND OF BUSINESS CONTROL OF WORKING LIFE) INDUSTRY U.S.NAVY		
		AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION OF	GIVE RESIDENCE BEFORE 13c. CITY OR TOW CHEVY C		134. INSIDE CITY LIMITS?	130 STREET ADDRESS / 2617 EAST-V	ZIP CODE VEST HIG	HWAY 2081:
50		THER'S NAME FIRST  JOSEPH Y		LAST			A ZARASKA		LAST
lo dicol			IVE WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT	ADDRE		
1/ _		YES 192	23-1961	3-1961 215-38-2947 BERTHA JALICKEE, 2617 EAST-WEST HIGHWAY  by one cause per line far (o), (b), and (c).  CHEVY CHASE, MD 20815 APPROXIMATE INIT  BETWEEN OMSE! APPROXIMATE INIT  BETWEEN OMSE					
		underlying cause last			ENCE OF				
s any injury, or of	ICATION	underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	20b. IF YES, WEF	RE FINDINGS USED
shows any injury, or of	ERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	TION FOR WHICH	DEATH BUT	N WAS PERFORMED	20a AUTOPSY? YES █ NO□	20b. IF YES, WEF IN CERTIFYING YES X	RE FINDINGS USED CAUSES OF DEATH?
T I I I I I I I I I I I I I I I I I I I	AL CERTIFICATION	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CONDITIONS CO.	TION FOR WHICH FINJURY M. MONTH DA	OPERATIO		20a AUTOPSY? YES █ NO□	20b. IF YES, WEF IN CERTIFYING YES X	RE FINDINGS USED CAUSES OF DEATH?
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21 is monked or them 18 shows dray injury, or or		PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER NOTIFY MEDICAL EXAMINI  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22d.1 certify that (1) (this hasp	CONDITIONS CO.  196 CONDITIONS CO.  196 CONDITIONS CO.  216 THOUR A.M. P.M.  216 PLACE C. (AT HOME, SIRE  2161) attended the	FINJURY  A. MONTH DA  A.  DF INJURY  LET. FACTORY, OFFICE, F  deceosed from  T. 5	OPERATIO  AY YEAR  19  ARM.ETC.)	216. HOW INJURY OCCURE 211 LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OF TOV	20b. IF YES, WEFIN CERTIFYING YES X	RE FINDINGS USED CAUSES OF DEATH? NO  OR PART 2)  OUNTY STATE
Nem 21 is morked or flem		PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED  WATEL AT WORK AT WORK 220.1 certify that (1) (this hasp saw the deceased alive o above, (1) (we) (did) (did of 220.8) (4) ATURE	CONDITIONS CO.  196 CONDITIONS CO.  196 CONDITIONS CO.  196 CONDITIONS CO.  216 THOUR A.M.  216 PLACE C.  (AT HOME, SIRE  of tol) attended the  n APRI att view the body of	FINJURY  A. MONTH DA  A.  DF INJURY  LET. FACTORY, OFFICE, F  deceosed from  T. 5	OPERATIO  AY YEAR  19  ARM.ETC.)  FEBRU  86. or	211. LOCATION SIREET  ARY 21 19 86 and that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TOVE  CITY OR TOVE  APRIL  death occurred an the da  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, WEF IN CERTIFYING YES X Y IN ITEM 18 PART 1 O	RE FINDINGS USED CAUSES OF DEATH? NO  OUNTY STATE  That (1) (we) It to me the couses stated THE REPORT OF THE STATE STATE  THE STATE  T
ANT: # hem 21 is morked or hem 1		PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED    MMILE NOT WHILE NOT WHILE NORK 22a.l certify that (1) (this hasp saw the deceased alive of above, (1) (we) (did) (did of above, (1) (we) (did)	21b. TIME OF HOUR A.M. 21c. PLACE C (AT HOME, SIRE of tall) attended the APRI att) view the body of the control of the body of the control of	FINJURY  A. MONTH DA  A.  SF INJURY  SEEL, FACTORY, OFFICE, F  deceosed from	OPERATIO  AY YEAR  19  ARM.ETC.)  FEBRU  86. or	211. LOCATION STREET  ARY 21, 19 86 and that in (my) (our) opinion of DEGREE	200 AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  APRIL  death occurred an the do  MEDICAL STAF  DIRECTOR PHYSIC  HOSPITAL, I	20b. IF YES, WEF IN CERTIFYING YES X YIN ITEM 18 PART 1 O	OUNTY STATE  That the couses stated  The couse stated
MADATANT: If hem 21 is monked or hem 18 shows any injury, or or	WEDICAL 23a. E	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMIN  210 IN JURY OCCURRED  WHILE NOT WHILE WORK NOT WHILE 1 WORK AT WORK  220.1 certify that (1) (this hosp saw the deceased alive o above, (1) (we) (did) (did of 22b. 8 (STATURE)  424 PHYSICIAN'S NAME (17PE	21b. TIME OF HOUR A.M. P.M. 21c PLACE C (AT HOME, SIRE OF PANT)  L 23b. DATE	FINJURY M. MONTH DA M. DF INJURY LET. FACTORY, OFFICE, F deceosed from LT. 5 19 after death.  USNR	OPERATIO  OPERATIO  AY YEAR  19  ARM.ETC.)  FEBRU  86 or	211. LOCATION STREET  211. LOCATION STREET  ARY 21 19 86 and that in (my) (our) opinion of the physician (physician (phys	200 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOW  APRIL  death accurred an the da  MEDICAL STAF  DIRECTOR PHYSIC  HOSPITAL, I  ITAL REGION  1334 LOCATION  CITY OR TOWN	20b. IF YES, WEF IN CERTIFYING YES X YIN ITEM 18 PART 1 O	REFINDINGS USED CAUSES OF DEATH? NO DEPART 2)  OUNTY STATE  That (1) (we) It from the couses stated  22c. DATE SIGNED  THERE DICAL COMM. DA, MD 208
MPORTANT: If hem 21 is incinked on them 1	WEDICAL	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMIN  210 INJURY OCCURRED  WHILE NOT WHILE WORK NOT WHILE WORK NOT WHILE 1 WORK  220.1 certify that (1) (this hosp saw the deceased alive o above, (1) (we) (did) (did of  220.8 IGNIFICAN'S NAME (1) THE  G.A. CALLEJA,  URIAL, CREMATION, REMOVA	21b. TIME OF HOUR A.N 21c PLACE C (AT HOME, STRE OR PRINT)  CONDITIONS CO.  19b CONDITIONS 21c PLACE C (AT HOME, STRE OR PRINT)  CR PRINT)  LT, MC,	FINJURY M. MONTH DA M. DF INJURY LET. FACTORY, OFFICE, F deceosed from LT. 5 19 after death.  USNR	OPERATIO  OPERATIO  AY YEAR  19  ARM.ETC.)  FEBRU  86 or	211 LOCATION STREET  211 LOCATION STREET  ARY 21 19 86 and that in (my) (our) opinion of physician [22e ADDRESS NAVAL NATIONAL CAP  EMETERY OR CREMATORY  FTON NAT'L. CEM	200 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOW  APRIL  death accurred an the da  MEDICAL STAF  DIRECTOR PHYSIC  HOSPITAL, I  ITAL REGION  1334 LOCATION  CITY OR TOWN	20b. IF YES, WEF IN CERTIFYING YES X YINITEM 18 PART 1 O  TO 19 8 te and hour and FAN AVAL ME BETHES  ON AF	RE FINDINGS USED CAUSES OF DEATH? NO []  OUNTY STATE  A. that (I) (we) In the couses stated  22c. DATE SIGNED  7 APRIL  DICAL COMM. DAN MD 208  PRIL CO. VA

J. B. CONTERN OD. INC. A STRUKE SERVING VIA. L. ACS 1 A SMG.

137	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYG	IENE & 6	o.	9	2 5
		CEASED NAME FIRST		MIDDLE	t.	AST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
		GARY	K	ING	JA	WISH		APR	RIL 2,	1986	7:30 pm
	1. SE	(	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
89	MA	LE	CAUCASI	AN		BER 6, 1		53	YRS.	NATIO DATO	MIN.
Kr	Pa. III	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	XX NEVER MAR	DIED [	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
1		SHINGTON, DC	UNITED	STATES	WIDOWE		RCED	MONTGOMERY	7		MD.
77	Come	TY OR TOWN OF DEATH THESDA	11. NAME OF I	HOSPITAL, NURSIN THE FACILITY, GIVE STREET HOSPITAL	IG HOME C	R OTHER INSTITU	TION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF BUSINESSMA	F WORKING LIFE)	12b. KIND O	E BUSINESS OR
5	13 <b>c</b> . S	AL RESIDENCE (IF NURSING HOME TATE 136 CO		BOONS BOL	'N	13d. INSIDE CITY I	LIMITS?	13e.STREET ADDRESS / RT 2, BOX		21713	3
1	JA FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MA		AE MIDDLE		LAS	1
1	V		ING	JAWISI	H	MAJO				DEMU	JTH
2		VAS DECEASED EVER IN U.S. / VES, NO OR UNKNOWN)  (IF YES, 1953	GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT SHEILA M	ORRIS	JAWISH, BC	OONSBOR		
r other troomans ever		PART I. DEATH WAS CAU IMMEDI  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF	TATIC AD	JENO C	ARCINOMA			
minny, o	NO	PART 2. OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	THE TERM	inal disease or cont	DITION GIVEN	V IN PART 10	
1	TIFICAT	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMI	ED	200 AUTOPSY?		WERE FINDING CAUSES	
9	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	HOUR A.	M. MONTH DA	AY YEAR		RY OCCURR	ED {ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	T I OR PART 2)	
/	MEDIC	21d. INJURY OCCURRED  NOT WHILE ALL WORK		OF INJURY REET, FACTORY, OFFICE, F	L. L.	211. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
2 X 1 10 m	100	220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did			36, an	d that in (my) (au	19 <u>.86</u> r) apinian c	to 02 APR death accurred on the do		and from the	
,		226. SIGNATURE	2			PHY.		MEDICAL STAF DIRECTOR PHYSIC	IAN 🔽	3 AF	R86
1 1	1	22d. PHYSICIAN'S NAME (TYP	OR MINE!			77e ADDRESS N	AVAT.	HOSPITAL N	JAVAT. M	IEDICAI	. COMMAN

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Cremation

Apr. 5'1986

230 NAME OF CEMETERY OR CREMATORY Metropolitian Crematory

Alexandria. Virginia

24 FUNERAL DIRECTOR DeVol Fungal Home Washington, D.C.

CALLEJA, LT, MC, USNR

120 ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COMMAND, NATIONAL CAPITAL REGION, BETHESDA, MD 20814

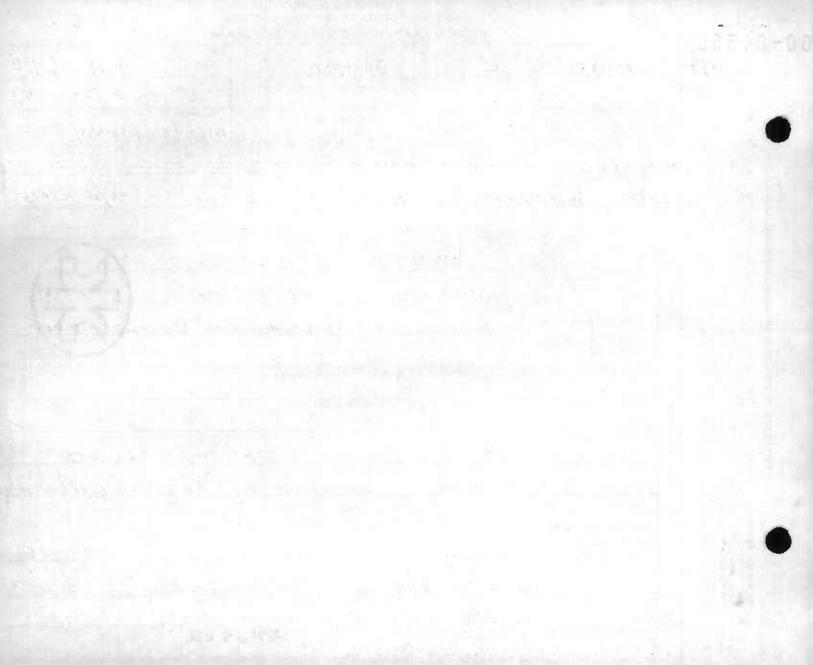
F. S. C. C. Community of the Community of the Latter of the Community of the Latter of the Community of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTL 6. AGE (IN YEARS LAST BIRTHDAY) YEAR 1 WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED [ KIND OF BUSINESS OR GIVE RESIDENCE BEFORE ADMISSIONS
13c SITY OR TOWN

CRITH CHO WO SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE 15. MOTHER'S MAIDEN NAME FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line fa (a), (b), and ic. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 WHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOI WHILE 174 | certify that (1) (this haspital) attended the deceased fram\_ and that in fray (our) opinion death occurred on the date and have and from the couses stated DEGREE ATTENDING. MEDICAL DIRECTOR PHYSICIAN 23d LOCATION 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Sugarland, Montg. MD'ATE (SPECIFY) St. Paul Cemetery 4-8-86 Burial DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 246 Nashington St 250 DHMH - 16-50M 4/83 George R. Snowden Rockville, MD 20850 (VRA 15, 4)

12000 Francis Altick is so so set THE WASHINGTON Rectively and the state of the Made made my Contraction 17th Leading For Requesting Parlane prest (and Born Mitodosca Jaggerraceconin Little to Shirts in 3147 Ferrana De Wheelen In \* 11

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DECEASED NAME 20. DATE KNOWN (Z (TYPE OR PRINT) DEATH MATED 5EX DATE PRONOUNCED Caucasian Feb. 5, 1930 Male DEAD TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED United States New York DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS nospital Firearms Expert Treasury US ROCKUILLE adventist shady arove 20879 13d. INSIDE CUT LIMITS? 13e. STREET ADDRESS MONTGOWER 0007 YHITHERS BURIL IS MOTHER'S MAIDEN NAME Topscher Dorothty Johnson Alfred Joseph 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS YES, NO, OR UNKNOWN Korean 127 24 1497 Harriet T. Johnson, see # 13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY INFARCTION IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 11b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR WASHING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) 220. I certify that I took charge of the remains described above, held on Undetermined manner EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY Burial Apr. 23, 1986 Quantico National Cemetery Triangle Virginia 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, **DHMH - 17** (VR A15 ME (5)) P.A. 300 W. Montgomery Av., Rockville, Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH CArolyn Caucasian 58 - 1927 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Michigan United States WIDOWED Montgomery County Homemaker Own Home 13e. STREET ADDRESS Rock ville NOF 604 ManrakeeStreet 20850 Pau1 Miller Flora MacMurchie 17. INFORMANT (Husband) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDREGS 04 Mannakee St 082-24-1791 Leslie H. Johnson Rockville, MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o)\_ OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A COMSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK 220.1 certify that (1) (this beapinal) attended the deceased from sow the decegsed olive on 4-16-86 , and that in (my) and opinion death occored on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN ATTENDING 4-30-86 22e ADDRESS should be (15 W. Montgomery Ave. Rockville, Md. omwell, M.D Lake View Cemetery Burlington 1988 Julia Junion Rindare 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes DHMH - 16 50M 1/B1 P.A. Montgomery Ave., Rockville, (VRA 15, 4)

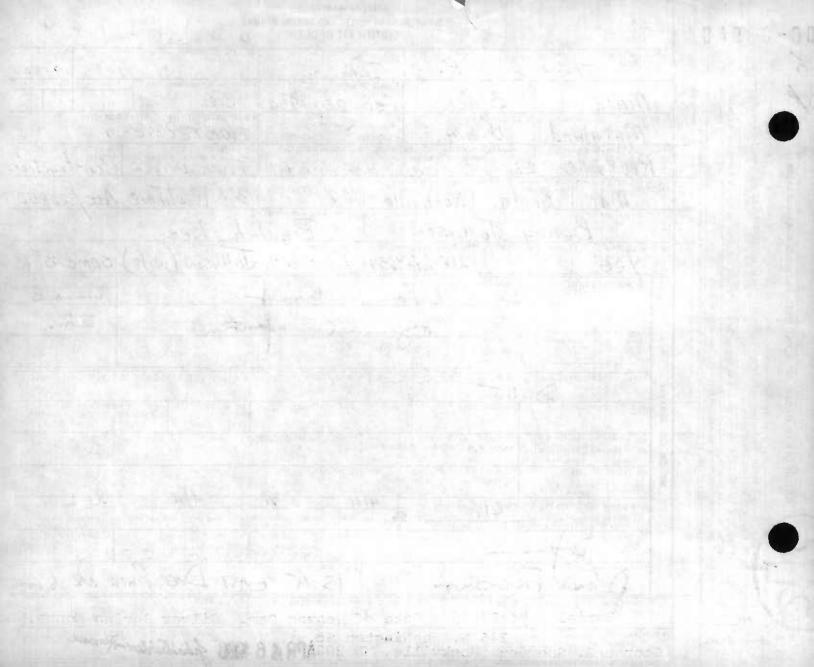
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00-04093	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.	11929
noy be con coope 3	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MON TYPE OR PRINTING A L. John Son. April 16	100 71 YE
ge 4 may rector. pag	Female BACK S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDA MARK, 16, 1896 90	Y) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
leoth. Po	76. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED MONTE MONTE	OMERY MD.
rs ofter of by the fulfilled with	SIVER Spring HOLD CYOSS HOSPITAL LUGGO STREET APPLESS)	DRKUNG GERNAUGHTRY G SCHOOL
and 21 hour of filled in hould be	130 STATE 136 COUNTY STREET ADDRESS / ZI	CR Ave /20850
MARYI ompletel	Toseph H. JoHnson Emma A. John	USON LAST
BALTIMORE, te be executation and complets. Pages total. the medical	160 WAS DEGEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Selby (SON) ADDRESS 217-14-7053 STanley Selby (SON) WAS	6 First St, N.E. Sh. D.C. 20011
ST., BALI	18 CAUSE OF DEATH Enter only one couse per line for 101, 16, and 10  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Archic  Archic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON S	Conditions, if ony, which ( 16) META BOLL AUDOSS + SEPSIS	35
that the last response records to the records	gove rise to immediate cause (a), stating the underlying couse last.    DUE TO, OR AS A CONSEQUENCE OF underlying couse last. (c)   MyACLED   Multiple Consequence (c)   Multiple Conse	32
requires requires requires requires requires rathen ple Then ple injury, o	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS OF THE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS OF THE PART 2. OTHER SIGNIFICANT CONDITIONS OF THE PART 2. OTHER 2.	ON GIVEN IN PART 110
AL RECO	Artio silvosis.  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY	B. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO
OF VITA ICIAN: T g physicia ph	OR CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY TEAR	ITEM 18, PART 1 OR PART 2}
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TTENDIN pital or TOR: Af- for use of of Health	220.1 certify tha (II) this hospital) attended the deceased from 4112 19 46, to 4116 19 19 19 19 19 19 19 19 19 19 19 19 19	and haur and from the causes stated
ALOR A: the hose LL DIREC te Dept	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221 DATE SIGNED
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of or show	23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	COUNTY
BP	Burial 4-19-86 Gate of Heaven Silver Si	pring, Montg. MD
DHMH · 16 60M 7/84 (VRA 15, 4)	George R. Snowden 246 North Washington Rockville, MD 20850 APR 24. 1833	REGISTRAR'S SIGNATUR

STATE OF MARYLAND

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YSIC ding s cert burial Mente	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
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ATTEN Sspitol (CTOR) d for us d for us		sow the deceased alive an above, (1) (we) (did) (did not	view the body ofter death	19 86 , or	nd that in (my) (our) apin	nion death occur	red on the dote	ond hour ond	from the causes stated
O B B B B B B B B B B B B B B B B B B B		226. SIGNATURE	0		DEGREE ATTENDING	GMEDICA	L _ STAFF		22c. DATE SIGNED
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TO FUN should be write life			RIEDMAN		13-15	GA57	Deen	Incu	E de 6'BURG
	23a B	URIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATO	CI	TY OR TOWN	COL	UNITY STATE
BP	24 FI	Burial	4-17-86	<del></del>	f Heaven		Silver REGISTRAR 256		ng Montg.MD
DHMH - 16 50M 4/82 (VRA 15, 4)	37	eorge R. Snow	246 N. Waden Rockv	ashingt ille, M	OII Dr.T	16 1986	Side De	WILL A	ametable



Gasch's Sons F.H. P.A. Hyattsville, Maryland

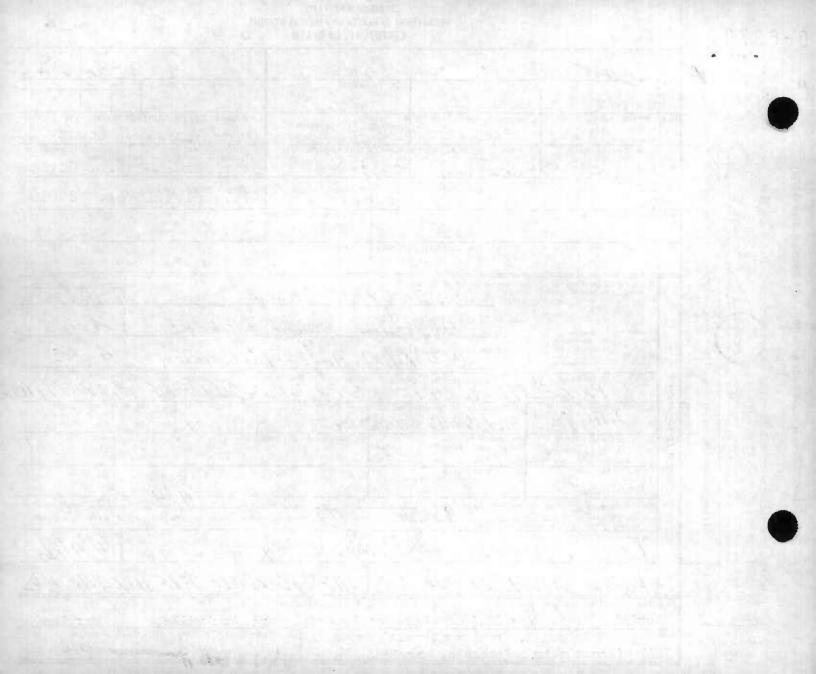
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Julia Davidson- Mandalle

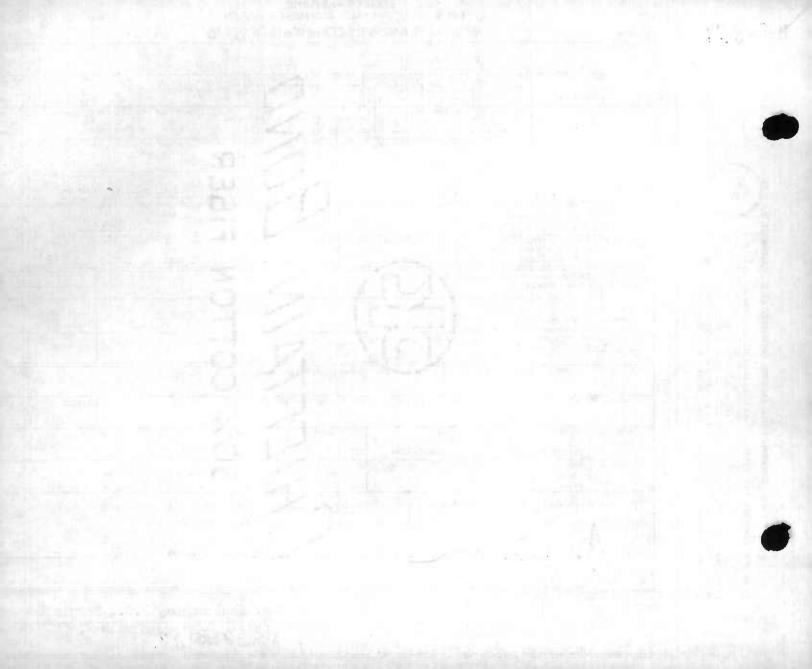
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTS Williams Sones 4. RACE 5. DATE OF BIRTH AGE TIN YEARS LAST BIRTHDAY YEAR CAUCASIAN 1900 85 Ju1v BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United State\$wiDOWEDXX County Mississippi 10. CITY OR TOWN OF DEATH U.S. Gov't Statistician 136 COUNTY Chevy Ch 20815 Montgomery aryland Chase 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Malie Stewart Oscar Williams Lane ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATES) see #13 44 6905 Beverly J. Ballinger, 216 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause (0), stoting the underlying couse lost. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 11e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 12s.1 certify that [1] (this haspital) attended the dying and that in (my) (our) apinion death occurred on the date and hour DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN 23a BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Burial Apr 12,1986 | Parklawn Memorial Park Rockville. 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 wer wender Handale 7557 Wisconsin Av., Bethesda, Maryland (VRA 15, 4)



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00-	-05155	/	STATE REGISTRAR	Sinn.		ME		EXAMIN	ER'S C	ERTIFIC	CATEO	FDEA	TH .	REO. NO	o. 1	7 .	3 0	
	8		EASED NAME OR PRINT)				MIDDLE			LAST			OF E	NOWN K	MONTH	DAY	YEAR	2b. HOUR
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FOR

FATHER'S NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE	UF DEATH	REG. NO.			
DECEASED NAME FIRST	WIGGLE	LAST		20. DATE OF DEATH MONTH	CAY YEAR	2h HOUR	2
LEON		JULIUS		April 17, 1986		2:30	а.м
SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS	IF UNDER 2	A HRS
Male	White	Aug. 26,	1906	79 YRS.	SNOTTING DATE	HOOKS	m m.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED XX NE		9 BALTIMORE CITY OR COUNT	Y OF DEATH	-	37
Pennsylvania	USA	WIDOWED	DIVORCED [	Montgomery			MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		RINSTITUTION	12a USUAL OCCUPATION	126 KIND O	F BUSINES	SSOR
Chevy Chase	4701 Willard			Architect (Ret)		e Pra	ctic
JOUAL RESIDENCE (IF NURSING HOME OF			IDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	DE 9	44	196
Florida Brown				2500 Park Vie		330	09

15. MOTHER'S MAIDEN NAME

7	Nathan		Julius	Gertrude		Simon
Z	160 WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	Hallandale	, Florida
1	No		579-32-0081	Freda Julius;	2500 Park View D	rive 33009
1	18. CAUSE OF DEATH IER PART 1. DEATH WAS C	ALISED BY.	Inefor(a), (b), and (c-)  Tnanition			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, whi	ch ( 1b)	r as a consequence of <b>Anemia</b>			10 mos.
	gove rise to immedia cause (a), stating t underlying couse lo	he DUETO, O	R AS A CONSEQUENCE OF Carcinoma P	rostate c Meta	stases	30 mos.

LAST

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

IFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? M. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX YES T CERTI 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET NOT WHILE

January 22a I certify that (1) (the strength) attended the deceased fram. 1986 saw the deceased alive on. and that in (my) (Mur) apinion death occurred on the date and hour and from the causes stated

224 SIGNATURE 22c. DATE SIGNED MEDICAL ATTENDING 4-17-1986 PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS

22d. PHYSIC AN'S NAME (TYPE OF PRINT)

ARNOLD A. LEAR, M.D.

MIODLE

2201 L Street N.W., Washington, D.C.

STATE

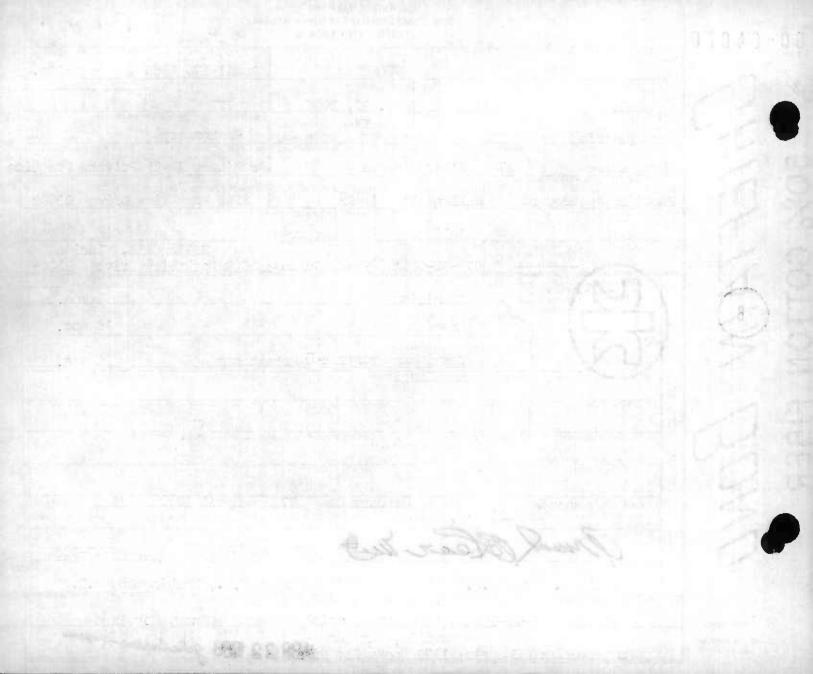
23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)

Judean Memorial Gardens 4-20-1986 Burial

Rockwille, Maryland

Danzansky-Goldberg Chapels: 1170 Rockville Pi

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA. 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0-05685 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTS Gertrude Kabelac 04/19/86 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR Female 03/ 74 BIRTHPLACE (STATE OR FC Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY! USA DIVORCED [ WIDOWED X Montgomery County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Suburban Hospital Homemaker Own Home USUAL RESIDENCE (IF NURS OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Washington. DO 4550 Conn. Ave., NW., None None YES DO NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Unavailable unavailable 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17 INFORMANT Wash., DC 20036 Suite 1200 (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 578-28-4430 Rotraud M. Perry, Atty, 1100 Conn. Ave. . NW No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Arute CARDIOVASCULAR OULM. 5min DUE TO, OR AS A CONSEQUENCE OF mASS14-8 5 min Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. multi. pulm. Embelis, SMAII PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 NA DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED 786 IF YES, WERE FINDINGS USED. 70s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOW NO F 216 TIME OF INJURY THE HOW INJURY OCCURRED. I WHEN HATURE OF HIGHER THE CEAN IN PART I ON PART IS 21s. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR DECONTRACTOR CAUSE OF BEATH OF EITHER PICTIFY MEDICAL EXAMINERS P.M. 19 211 LOCATION 214 INJURY OCCURRED TIE FLACE OF INJURY **EXUNER** CITY OK TOWN **WEA15** AT HOME, STREET FACTORY, OFFICE FARM, ETC.) 22s I certify that (I) (this haspital) attended the decembed from and that in (in lines) apinion death occurred on the date and how and from the causes stated PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Apr. 28,1986 Gate of Heaven Cemetery Silver Spring, Mont. Maryland Burial 1/56 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DeVol Funeral Home, Inc. DHMH - 16 60M 7/B4 die Laurden Acoplette 2222 Wisc. Ave., NW., Wash., DC 20007/4/m

(VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH MONTH DECEMBED NAME GERARD J. Kane 4. RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY YEAR 12/08/17 MALE CAUCASIAN 68 I WIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Massachusetts Montgomery O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Suburban Hospital OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS DUNTY Maryland Kensington Montaomeru 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIOOLE LAST MICOLE Thomas Kane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 1945-46 032-10-6145 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? NONIS NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME, STREET FACTORY, OFFICE FARM, ETC ) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from April

4/24/86 IF UNDER ! YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR INDUSTRY Central Intelligence Agency 13e STREET ADDRESS / ZIP CODE 4205 Ambler Drive 20895 LAST Brown minutes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE ATTENDING. MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY CITY OF TOWN Burial Apr. 29, 1986 St. John's Cemetery Worcester Worcester Mass 24 FUNERAL DIRECTOR Francis J. Collins Jr. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE University Blvd. W. Silver Spring. Md.

75 HOUR

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

	T - STATE REGISTRAR		CERTIF	ICATE OF DEATH	d O REG. NO.	1
	1. DECEASED NAME 1911	miD(43		AUT	IN DATE OF DEATH HONTH OF	The House
	Patr	icia G.		Kennedy	April 2	, 1986 5 A M
1	1.sex	4. RACE	MCNI	OF BRITH		CHOCKET HEAR OF UNDER TWORKS
	Female	White	Mar.	16 1933	53	
5	Maryland	USA	MARRIE	NEVER MARRED	* BALTIMORE CITY OR COUNTY O	OF DEATH
8	Silver Spring	Holy Cross Hosp	IG HOME C	Control of the Contro	The USUAL OCCUPATION ITHEORY OF HORIZON HORIZO	1734 KIND OF BUSINESS OF INDUSTRY OWN home
5	Ba STATE 110 COL	gomery Bilver Sp	ring	THE INSIDE CITY LIMITS?  YES DE NO	1407 Mimosa Lane	20904
2	John	J. Geary	1	Charlotte	ALEMAN .	Staughton
1	N/A N/A	RMED FORCES? IN SOCIAL SECU 217-30-70		John T. Kenn	nedy)-hasband-(sar	me as 13e)
	18 CAUSE OF DEATH (Enter of	only one course per line for 10/2 , an	wood.		11/2	BETWEEN POSET AND MATH

Conditions, if any, which gave rise to immediate course in stating the underlying couse lost 766 IF YES, WERE FINDINGS USED.

IN CERTIFYING CAUSES OF DEATH? THE HOW INJURY/OCCURRED TENTH NATURE OF HURST AND REAL TOWARD IN

The ACCIDENT WAS UNDERLYING OR CONTRIBUTING I'I CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR The PLACE OF INJURY

211 LOCATION

COUNT

AT HOME STREET, FACTORY, OFFICE VARIALITY, I

opinion death occurred on the date and hour and from the course state

4-24-1986

ATTENDING MEDICAL STAFF

STATE

Alan I. Kermaier, MD

10313 Georgia Avenue, Silver Spring, Md. THE NAME OF CEMETERY OR CREMATORY

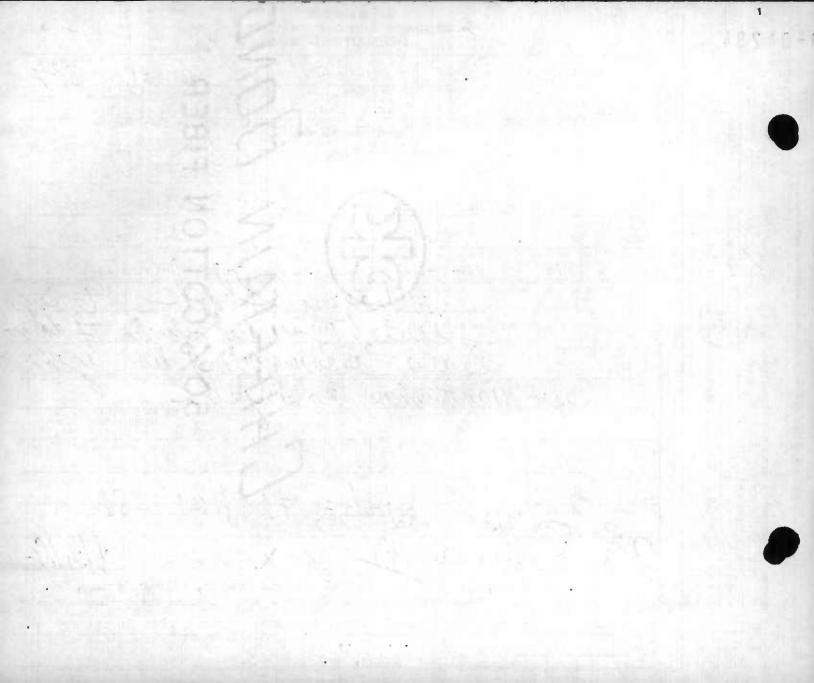
23s. BURIAL, CREMATION, REMOVAL 23s. DATE Burial

date of Heaven Cemetery Silver Spring Montgomery Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md. 254 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



2b. HOUR

NO T

STATE

IF UNDER 24 HRS

9; 50,A

DHMH - 16 60M 7/84 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE - THE HALL TELOOP

Telegraph and along Silverlage will Surgett M. Sel.

US come 2 8 50 5 SPANIE DATE RE STAND

MAKE PERMER

BONY WART TIS -44-7223 Linkship & Morre Constants No 2563

CREMPTION STR. 3.17 TO BIG CREWITH



(VRA 15, 4)

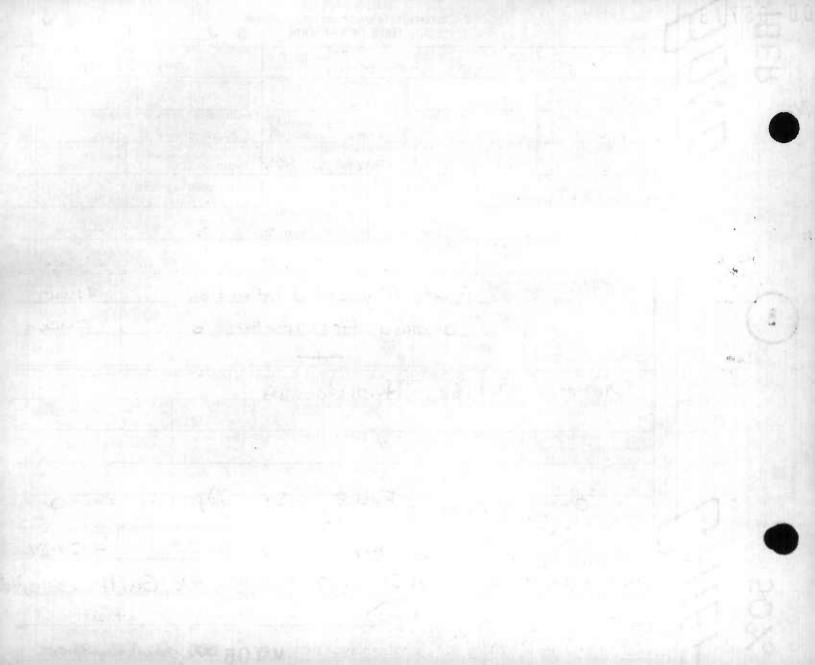
21210=00 in the Kidwert STORES TOSE INTERE 179 E com I working Wash Letter Coll mother when is being 82 Mapet May 2

-04360	FOR STATE REGISTRAR	0	EPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		1 1 7 4 4
0 m = 1	DECEASED NAME	MIDDLE	V.) L.		MONTH DAY YEAR 26 HOUR
Doge er deg	3. SEX	A RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
ge 4 in softures of the softure of t	MALE	White	S 85	30 5S	MONTHS DATS HOURS MIN.
h. Pool	To BIRTHPLACE (STATE OR FOREI	GN 76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIED NEVER MAR	9 BALTIMORE CITY OF	COUNTY OF DEATH
deot	Maryland  10 CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVOR	ION 120 USUAL OCCUPATION	
102	Takoma Park	NOShiNODU	Wester NOSI	(TYPE OF WORK FOR MOST OF Painter	
021	13a. STATE 13b	OME OR OTHER INSTITUTION, GIVE RESIDE 13c. CITY	NCE BEFORE ADMISSION) OR TOWN 13d INSIDE CITY		
NA A A	Maryland M	ontgomery Tak	oma Park YESXX NO	7206 Maple	Ave. Takoma Park. 200
AR THE TOTAL STATE OF THE PARTY	FIRST		LAST FIRST	MIDDLE	LAST
N. H.	Robert .		ilby Vole	Mae ADDRES	Arnol Md.
the field	no			M. Houchens 31 Ce	enter St. Laurel 2070
T., BAI		nter only ane cause per line far to CAUSED BY: MEDIATE CAUSE (a)	Luth GI PIEGO	& SHOUL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate to actending physician.  The law requires that the ottending physician and cancer to as the burial-transit permit. Then please remove carban papers: Popper application in the ond Mental Physician prior to burial, cremation, or removal.  In ond Mental Physician prior to burial, cremation, or removal.  Orked or them 18 fidews any injury, or other traumatic event, the predictal representations.	Canditions, if any, what gave rise to immedicouse (a), stating underlying cause I	ote the DUE TO, OR AS A CO	NASEQUENCE OF		5 4N
ecorbs, 2	PART 2 OTHER SIGNIFICATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY		ING TO DEATH BUT NOT RELATED TO		20b. IF YES, WERE FINDINGS USED
The lo	III O			YES NO NO	IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO} \( \bigcup \)
SICIAN: T ng physici certificate viol-tronsi entol Hygi them 18 fm		E OF DEATH HOUR A.M. MON	NTH DAY YEAR	Y OCCURRED (ENTER NATURE OF MJUR	Y IN ITEM 18 PART I OR PART ?)
VISION  G PHYS  G PHYS  s the bur  s the bur  cond Me	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJUR		CITY OR TOW	VN COUNTY STATE
TENDIN pital or TOR: Afr for use a of Health	22a.1 certify that (1) (thi	live control the body after dear		to 19 Mak	that (I) (we) list te and have and from the causes stated
by the has ERAL DIREC	22b. SIGNATURE	Gn	DEGREE	NDING MEDICAL STAF	FIAN CHARLES GNED
TO HOSPITAL TO FUNERAL should be det with the State	22d. PHYSICIAN'S NO ME	Kunga	122e ADDRESS	THIRA POP	Horace mo
BP	23a. BURIAL CREMATION, REA (SPECIAL)  Burial	10VAL 236 DATE 4-22-86	Vashington Nati	onal Suitland	Prince George State
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. FUNERAL DIRECTOR  W. W. CHAMBER	S CO. RI	VERDALE, Md. 20737	APR 2 2 1986	

STATE OF MARYLAND

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00-05713	FOR			TE OF MARYLAND HEALTH AND MENTAL HYG	DENE_ a i	9 4 3
	- STATE REGISTRAR		CERTI	FICATE OF DEATH	8 O REG. NO.	
	1. DECEASED NAME	FIRST Anna	Mary	Kilmer	20 DATE OF DEATH MONTH D.	10 110011
may be page 3	(STO STATE)	Anna	m. Kil	mer		9 86 1119 A
ter bo	3. SEX	4. RACE	5. DATE	OF BIRTH THE DAY YEAR		FUNDER TYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
N _ so the	Female	White	Feb	. 24 1901	85 YRS	
7. P.	70. BIRTHPLACE (STA	E OR FOREIGN 76 CITIZEN OF	WHAT COUNTRY? 8 MARRIE	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
deo deo	West Virg		WIDOW HOSPITAL, NURSING HOME		Montgomery Co	unty, MD.
of the morning	Rockville		CHEACILITY GIVE STREET ADDRESS		(TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	
d in d in	USUAL RESIDENCE (1	NURSING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	99999
AND TO THE TOTAL OF THE TOTAL O	West Virgi	nia Berkeley	Martinsburg	YESXX NO	507 W. King Str	eet 25401
With With	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
My Omb	Danie	W. VER IN U.S. ARMED FORCES?	Kline 166 SOCIAL SECURITY NO.	Elizabet	h C. E	nglebright
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No. Paradona hot the attending or remove carbo i, cremation, ar re- ather traumatice	Conditions, if gove rise to couse (a), underlying	any, which immediate stating the DUE TO, C	R AS A CONSEQUENCE OF		clacosis	zyean.
DS, 20 quires t signed hen plur to burio		SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	1 "	AINAL DISEASE OR CONDITION GIVE	N IN PART Ito
iaw rec	190 DATE OF OR	PERATION 196. COND	DITION FOR WHICH OPERATE	NWAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED (ING CAUSES OF DEATH?
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SICIAN: ng phys certifica certifical-trailingly-trailin	00.000,000,000,000,000	CAUSE OF DEATH HOUR A	.M. MONTH DAY YEAR		· ·	
o Karada	21d. INJURY OC	CURRED 71e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVIS  NDING P  or offer the seas the seasther on the seasther or the seasther	22a I certify th	ot (1) this hospital) attended the	1100	68 19 84	10 April 29,	9 86, that (i)(we) lost
ATTER spira CTO I for af H	sow the de	ceased alive on A Pr	1 29 19 26 . d		death accurred on the date and hour	
ITAL OR A by the hos RAL DIREC adetoched tote Dept.	22b. SIGNATUR	and an	n S	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4-29-86
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A COLUMN TO THE STATE OF THE ST	Jame				nokes Ave Ga	Thersburghd
Cagaaa	23e. BURIAL, CREMAT			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	erkelev WV
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						and the second



	1				STATE	OF MARYLAND		1000		
00005	1	FOR - STATE		DEPART		ALTH AND MENTAL HY	GIENE	1 1	9 4	4
-03295		REGISTRAR			CERTIFIC	TATE OF DEATH	O O REG. I	NO.		
m.s		CEASED NAME FIRS		IDDLE	IAS		20. DATE OF DEATH	MONTH DAY	1 YEAR 2	No HOUR
nay be		e OR PRINT)	u K	yun	K	m		04107	186	1040 ts
E o e	3. SE	X	4 RACE		5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST B	IRTHDAY) IF UN		IF UNDER 24 HRS
s of		MALE	Kore	mNO	APRIL	26. 1930	55	YRS.	15 DATS	HOURS MIN.
4 52 0	70. B	IRTHPLACE (STATE OR FOREIG	N 76. CITIZEN OF W	VHAT COUNTRY?	8.	□ NEVER MARRIED □	9 BALTIMORE CITY		DEATH	
1 16 /		KOREA	KOR	LEA	WIDOWED		Mont	gome	ay	MD
1 11 1	J0. C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OTHER INSTITUTION	12a USUAL OCCUPA		IL KIND OF I	BUSINESS OR
5 5 5 6 5	GF	ITHERSBURG	DHOOVE	vove (	Aver	Hist Hose	NONE	OF WORKING (IPE)	NON	6
212	USU 130.	AL RESIDENCE (IF NURSING HO	OME OF ESTIMATION OF	JIVE RESIDENCE BEFORE		36. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 71P CODE		
ON S SES SO			WIGOMERY	ROCKU		YES X NO	A A . A	EGE PARK	vary	120850
		ATHER'S NAME	MIDDLE .	LAST	1	S. MOTHER'S MAIDEN NA				
MAN B 22 4		HEE	MAN	KIM	3.0	FIRST	(UNKNOW)	(4	LAST	
RE.		WAS DECEASED EVER IN U.		166 SOCIAL SECU	JRITY NO. 1	7. INFORMANT	ADDI			
OW BOOK		YES, NO OR UNKNOWN) (IF Y	NONE	563-76-	4051	DEBBIE KIM	(DAUGHTER)	SHIME AS	#13	
The strong of th	F	18 CAUSE OF DEATH (En					2		APPROXIMA	ATE INTERVAL
( B ) 1 1		PART I. DEATH WAS C	AUSEĎ BY: EDIATE CAUSE (a)		1	ning tion	1 Arz	net	BETTTE CH	SET HIND DENTIL
S Z		114041		AS A CONSEQUE	/	1				
STO THE COLUMN THE COL		Conditions, if any, which		AS A CONSECUE	ENCEOF	Viena	GACSM	-1110		
PR PR		gove rise to immedio couse (a), stoting to	te )			7	- CALLER PL	- mac		-
of the state of th		underlying couse los		AS A CONSEQUE	ENCE OF	U				
20 res t		PART 2. OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING TO I	DEATH BUT N	OT RELATED TO THE TERA	AINAL DISEASE OR CO	NDITION GIVEN II	V PART NO	
Iow requires to be seen significant. There is prior to be any injury.	N N									
bee mit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
40 t d a	Ĭ.	5 at 1 at 2	1911				YES NO	IN CERTIFYING		NO [
VIII.	1 8	210, ACCIDENT WAS UNDERLYIN			AV VEAR	21c HOW INJURY OCCUR		URY IN ITEM 18 PART I		
DIVISION OF VIT  OR PHYSICIAN: Offer this certifications of the buriol-trons the ond mental Hyge	¥	OR CONTRIBUTING CAUSE	OI DEATH	a. month da	AT YEAR					
HYS Daine Bur bur bur bur bur bur bur bur bur bur b	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	F INJURY	1	III LOCATION	CITY OR T		OUNTY	STATE
IVIS G P offer s the s the	2	WHILE NOT WHILE E	] (AT HOME, STREE	ET, FACTORY, OFFICE, F.	FARM, ETC 1	STREET	CITYON	OWN	OUNIT	STAIL
O O O E		22a. I certify that (I) (this	hospital) attagded the	deseased from &	Ami	19.86	10 apr	7 19	8 6 the	ot (I) (we) lost
TOR. for us			ve on e body o		ond	that in (my) (our) opinion	death occurred on the	dote and hour and		
OR ATTI		271 SIGNATURE	nd not we body o	ffer deoth.		GREE			22c. DATE SI	
c - 0 = =		///	5-1	/	5	Ler HYSICIAN	MEDICAL STA	AFF	24-1	P = 190
SPITAL by the IRRAL Stote Stote	1	224 PHYSICIAN'S NAME	TYPE ON PHINTS	-	The Party	22e. ADDRESS	DIRECTOR PHYS	CIAN	More	17/10
etoined TO Fund Thought the		Ba	15	10	3	892156	ely ela T	a Cari	+ 0	2 170 4
5 5 5 4 €	23a	BURIAL, CREMATION, REMO	OVAL 236. DATE	123. N	NAME OF CEA	METERY OR CREMATORY	173d LOCATION	+ (OLLY	4,10	e4111 (6)
BP		BURUAL	00011 11			COMETER!	CITY OR TOWN	10 AL 100	INTY	STATE
	24 F	UNERAL DIRECTOR	IFIVE II	0.432		LEWIE BER	E REC'D BY REGISTRAL	NG MONT		MULLAND
DHMH - 16 50M 4/83 (VRA 15, 4)	1/11	ANDONS FULDO	a Ibani C	ADDRESM	0.6	APRI	4 186 Ju	when don't	- 17XM	. 0

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Frank	k M.	Kimmel	April 20, 198	36 11:20am
1, SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Caucasian	October 16, 190	7 78 <sub>YE</sub>	MONTHS DATS HOURS MIN.
To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	9 BALTIMORE CITY OR COU	
Nebraska	United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	County,
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Silver Spring	Holy Cross Hos		C.P.A.	U.S. Government
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b COI	UNTY 13c CITY OR TO			
	gomery Chevy-C	A. A.	4830 Langdrum	Lane/ 20815
14 FATHER'S NAME  James	MIDDLE Kimmel	15 MOTHER'S MAIDEN	NAME	LAST
		Editi		Middaugh
160 WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)		1254 Doul	oleday Drive
Yes WW	II 577 05	3804 Ross M. Kim	mel(son)Arnold, 1	Maryland 21012
18 CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (0) ACOUL	E PULMONARY	CONGESTION	2 HOURS
	DUE TO, OR AS A CONSEO	UENCE OF	a	
Conditions, if ony, which	( b)	ADVANCED	AZOTEMIA	4 WEEKS
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO		57	1 E Van
underlying couse lost	(c)	CHRONIC	KENAL FA	THE OTHS
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	PARKI	NSONISM		
5 190 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
at a			YES NO	YES NO
OD CONTRIBUTION CONTRACTOR		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART : OR PART 2)
S I IF EITHER NOTIFY MEDICAL EXAMIN		19		
(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY {AT HOME STREET FACTORY OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK NOT WHILE AT WORK			. 0	
The second secon	entall attended the deceased from	01	2. 10 april a	(C) 19 (p) that    (we) lost
sow the deceased olive of	ew the body after death	opin and that in (my) (ever) opin	on death occurred on the date and	hour and from the causes stated
27h SIGNATURE	14 10	DEGREE		224 DATE SIGNE
Edward	14 Jany		MEDICAL STAFF  DIRECTOR PHYSICIAN	april 2/1981
224 PHYSICIAN'S NAME THE		22e ADDRESS		
Edward W. You	ngblood, MD	4900 Mass.	Av., NW. Washin	gton, D.C. 20016

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

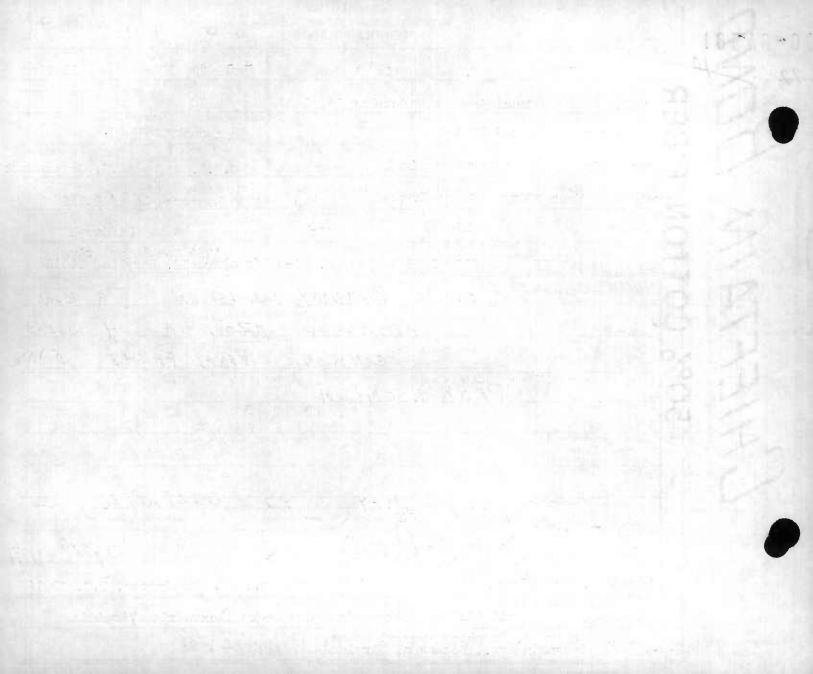
BP.

P.A., 7557 Wisconsin Ave., Bethesda, Maryland

230 BURIAL, CREMATION, REMOVAL

Cremation

April 22,1986 Metropolitan Crematory Alexandria Virginia 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 24 1986



		1			STATI	OF MARYLAND					
0-053	25	1	FOR GEO	ORGE THOMA	AS DEPARTMENT OF H	EALTH AND MEN		8 6	1 1	(3)	16
		Lane	REGISTRAR ECEASED NAME FI	IRST M	AIDDLE L	KIND	ER.	MEG. NO.	ONTH DAY	YEAR 2	2b HOUR
# 7£	The		E OF MINTS	EORGE -	-1	Kinn =	0	ALCO DEATH	4 28	86	9.45 M
6 6	1	3.5	EX.	4 RACE	10MAS 5. DATE C	F BIRTH	6 AGE	(IN YEARS LAST BIRTH		DER I YEAR	IF UNDER 24 HRS
4 94		1	MALE	WHITE	MAH	CH 7, 1	906	80	YRS.	5 DAYS	HOURS MIN.
Pag.	01	74	IRTHPLACE I MATE OR FORE	IGN 76. CITIZEN OF V	WHAT COUNTRY? 8.	NEVER MAR	PIED 9. BAL	TIMORE CITY OR	COUNTY OF D	EATH	
Area Area	22	L	MD.	USA	WIDOWE		CED 🔲	MONTGOMEI	ξŸ		MD
Tale of the state	80	1	ROCKVILLE	SHADU (	HOSPITAL, NURSING HOME OF HEACHITY, GIVE STREET ADDRESS!	ST ASSO	TION 120 US	FARMER	N WORKING LIFE) IN	KIND OF FARM	BUSINESS OR
n 24 hou	20	13a	MD. 13b	HOME OR OTHER INSTITUTION COUNTY MONT.	GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN GAITHERSBURG			PEET ADDRESS S	t.	20877	7
denty d 2 y	A	1	ATHER'S NAME	B. K	i a LAST	15. MOTHER'S MA		E. MIDDLE	(UNKNOWI	N) LAST	
2 6-	18/	1140	Harvey WAS DECEASED EVER IN 1		inder  166 SOCIAL SECURITY NO.	17. INFORMANT	TUE T	ADDRES			
be exec	1/	180		IF YES, GIVE WAR OR DATES)	218-07-2381	TREASA	N. KIND		ME AS #		
certs special special	4	Г	8 CAUSE OF DEATH (E PART I. DEATH WAS	Enter anly ane cause per CAUSED BY:	line for (a), (b), and (c).		,	010		BETWEEN ON	ATE INTERVAL
and page				MEDIATE CAUSE (a)	(ander K	250:291	ory 7	arku	re		
tend e cor	10 0	1	Conditions if any I		R AS A CONSEQUENCE OF	mary	Show				
A PER	r from		Conditions, if ony, wl gove rise to immed cause (a), stating	liote	Julia	00	Zerene	<u>~</u>	1000		
to 45	d d			last.	R AS A CONSEQUENCE OF	inseus	maxia			F3.4	
band u	10.7	12	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL D	ISEASE OR COND	ITION GIVEN IN	PART No	
2 2 2	2 1	1 SE	a-	trial f	ibrillatio	my M.	206-/1L	lruary	Seu 6	olu	4
1 00	1 1	) Ş	190 DATE OF OPERATION	N 196. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORME	ED 200		206. IF YES, WER		OF DEATH?
# # # # # # # # # # # # # # # # # # #	EZ.	CERTIFIC	21g. ACCIDENT WAS UNDERLY	YING 7 21b. TIME O	F IN ILIRY	Tale HOW IN IUR	Y OCCURRED (se	NO NO NO NOTER NATURE OF INJURY	YES	DP PART 21	NO 🗌
phy physical property of the physical property	1 10	1100	OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DAY YEAR	100000000000000000000000000000000000000	TOCCORNED TE	VIEW WATONE OF INJUNT	IN TIEM TO PART TO	W L WW 1 6 1	
S S S S S S S S S S S S S S S S S S S	1/	KEDICAL	(IF EITHER, NOTIFY MEDICAL E	21e PLACE (	OF INJURY	211. LOCATION				OUNTY	STATE
Office and	hed	1 3	AT WORK	AT HOME STR	EET, FACTORY, OFFICE, FARM ETC.}	STREET	,	CITY OR TOW		DONIY	STATE
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OR of house	Tep.	1	224 SIGNATURE			DEGREE	NDING & MED	ICAL STAFF		22c. DATE SI	IGNED
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54 54	1 3+	23a	BURIAL, CREMATION, REA	MOVAL 236. DATE	23c. NAME OF C	EMETERY OR CREA	MATORY 123d	LOCATION	00.0		/ /
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DHMH - 16 50M	\ 4/B2		FUNERAL DIRECTOR			THE REAL PROPERTY.	250. DATE REC'E	BY REGISTRAR 2	Sb. REGISTRAR'S	SIGNATUR	
(VRA 15, 4		L	RANCIS H. BA	LIAI Nadm	CONSVITUE, MD. 2	0819	MAY 1	1986	Letia Saint	001-1/31	Marie

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316. E. Diamond Ave..

Gaithersburg Md. 20877

STATE OF MARYLAND

26 HOUR

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APR 29 1986

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Gartner Sandison F.H.

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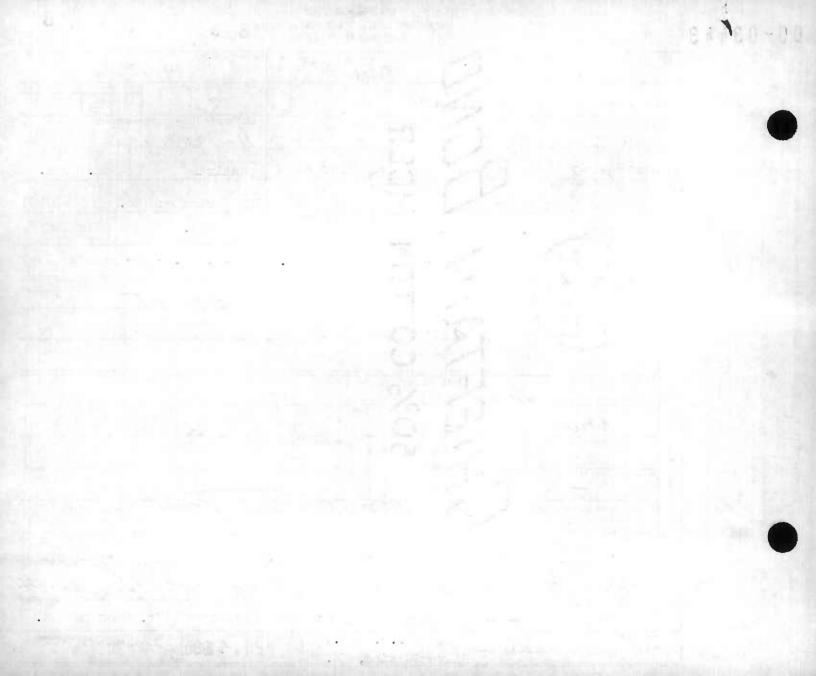
Phys Serton minnershare, Fo. 12078

443	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1948
1. DECEASED NAME (TYPE OR PRINT)		IRGINIA MM.	KINGSBURY	20. DATE OF DEATH MONTH	12 86 340 AN
	remale sex	Caucasian	5. DATE OF BIRTH J	6 AGE (IN YEARS LAST BIRTHDAY)  82  YRS.	MONTHS DAYS HOURS MIN.
\$3	BIRTHPLACE (SMATE OR FOREIGN COUNTRY)  VIT 911 CL	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED OF OTHER INSTITUTION	Montgomery	Co. MD
0	Silver Spring	CIF NOT IN SUCH FACULTY, GIVE STREET.	ursing center	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Retired	12b. KIND OF BUSINESS OR INDUSTRY  Fed. Govt.
35	3a STATE 13b CO	tgomery Silver S	N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI 724 Springloch	
50	Frederick	**L. Schau	n Catherine	widd B •	Slagle
medico	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU 578-01-0.	332 Franklin B.	Mallory, Srso	on-(same as 13e)
y, or ather trauma	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  T CONDITIONS CONTRIBUTING TO B	VICSEL EVOS LS	ainal disease or condition G	IVEN IN PART Ito
and	190 DATE OF OPERATION  None 210 ACCIDENT WAS UNDERLYING	Mone	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED "IFYING CAUSES OF DEATH?" TES \( \cap \) NO \( \cap \)
A Committee of the Comm	OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN 11EM 18	
	220.1 certify that (I) (this has saw the deceased alive	spital) attended the deceased fram	Mox. 26 19 86 Mox. 26 19 86 DEGREE	death accorded an the date and ha	that IV (we) last our and from the couses stated
7	22d PHYRITIAN'S NAME (TYPE	S. Omhou.	ATTENDING PHYSICIAN SECTION SE	MEDICAL STAFF DIRECTOR PHYSICIAN	14/12/86 (hou flux M
23	BURIAL, CREMATION, REMOV.  (SPECIFY)  Burial		t Lincoln Cemetery	Brentwood Pr	. Georges Md".

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home Silver Spring, Md.

256 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DE LE STRATE S



21, 1986

Cremation

(VRA 15, 4)

FOR

STATE OF MARYLAND

BALTIMORE CITY OR COUNTY OF DEATH Montgomery County, 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bell Labs 13e STREET ADDRESS / ZIP CODE 2830 Hitching Post Lane Niven 17 INFORMANT Mrs. Joan G. AD Christopher, Daughter, 1101 Princeton Place, Rockville, MD. 20850 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (aur) apinian death accelled in the daile and haur and fram the causes stated 22c DATE SIGNED April 21,1986 PHYSICIAN DIRECTOR PHYSICIAN 5401 Western Av., Washington, D.C. 20015 23c. NAME OF CEMETERY OR CREMATORY Metropolitan Crematory Alexandria, Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, .A., 300 W. Montgomery Ave., Rockville, MD

2b HOUR

IF UNDER 1 YEAR

7:00A.

IF UNDER 24 HRS

Silver Spring. Md.

(VRA 15, 4)

University Blvd. W.

Filia Davidson-Randalle

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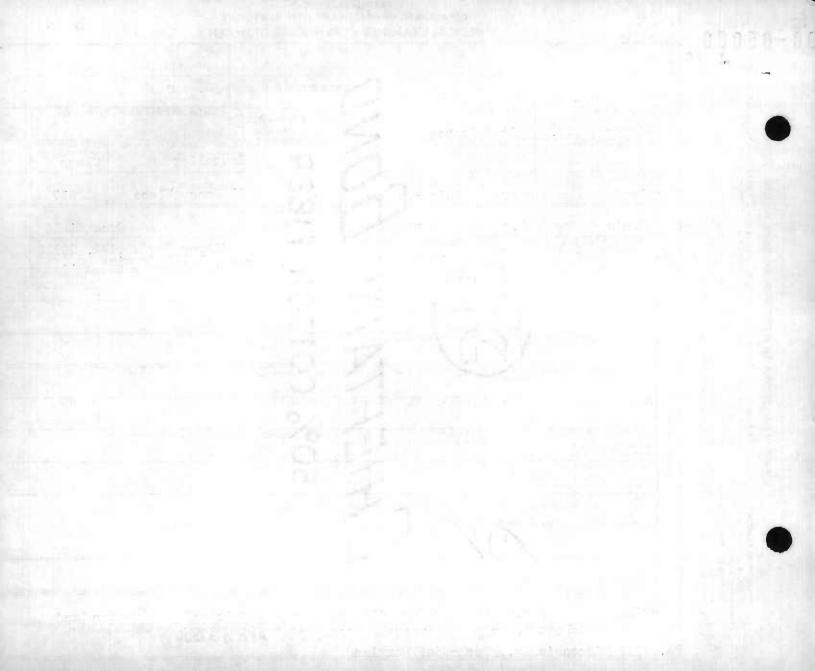
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		Film 6615 item 16b		STATE	OF MARYLAND			a 75
	1.	FOR 5/28/86 rja	DEF		EALTH AND MENTAL HY	GIENE	119	5 2
10-03300		REGISTRAR			ICATE OF DEATH	REG. NO	).	- 1945E
		CEASED NAME FIRST	O MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
noy be	,,,,,	HELENA	D. KUKL	EWICZ		0	4-09-86	0245m
O G G G	3. SE	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
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Po dir	7a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VIRY? B.	Never Married □	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Co 722		Pennsylvania	U.S.	WIDOWE			gomery	MD
er de	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME O		120. USUAL OCCUPAT	ON 126. KIND	OF BUSINESS OR
Soft soft	I	Rockville	Shady CP	DUE H	DUENTIST	Homemake:		
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RE, I	160.	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRE		
MORE execution ond control ond		YES NO OR UNKNOWN) (IF YES, GI	(VE WAR OR DATES) 209-1	$0-4913 \\ 07-1724$	Mr. Edwar	d Kuklewic	z - Same	e as #13
ALTI te bo pers.		18. CAUSE OF DEATH (Enter o						DXIMATE INTERVAL IN ONSET AND DEATH
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OTS THE PART OF THE OWN		Canditions, if ony, which	(b)	SEGUENCE OF				
a Line		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SECULENCE OF		ALCOHOLD BY	L- n-11	
thot thot d by ease ol, crr		underlying cause last.	(c)	SEGUENCE OF				
se el d'a		PARTA OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	lia
RDS,	NO NO	Kence -	Failure.					
ECO Dw r	S I	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	OINGS USED
he le loon.	CERTIFICATION	Control of the Contro				YES NO	YES	NO [
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ON OF IYSICIA ding ph is certification buriol-tr Mentol or Item	AL	OR CONTRIBUTING CAUSE OF DE	AIR	19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	DEFICE FARM FEC.)	211. LOCATION	CITY OR TO	wn COUNTY	STATE
VISI JG P otter ter the s the h and rked	2	WHILE NOT WHILE AT WORK	(AF HOME, STREET, FACTORY, C	OFFICE, FARM, ETC )				
O O O E		22a.1 certify that (1) (this hasp	11/10		9 , 1986	. to APRIL	9 . 19860	, that (I) (we) lost
ATTEN Spritol CTOR d for us m 21 is		sow the deceased alive or above, (I) (we) (did) (did no	of view the body after death.	19 86 , on	d that in (my) (our) opinion	n death occurred on the do	te and hour and from th	ne causes stated
he he		226. SIGNATURE	// ,		DEGREE			E SIGNED
AL D AL D detoclose Dife Done	1	1-140	ell	7	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN 4/	9/86
O HOSPITAL etained by the TO FUNERAL should be derawith the State MAPORTANT.		224 PHYSICIAN'S NAME (TIME	DE PRINTS		22e ADDRESS	1	0	. /
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of of short of the	23a.	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	234 LOCATION		
BP		Removal	4-9-86			CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR				ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE
MAN 16 4)		NAME	ADI	DRESS	AF	A LA KORR	S. Sinkson	MODEL .

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2e. DATE KNOWN X 2h HOUR (TYPE OR PRINT) OF ESTI-Randolph Louis Larson 26/19 86 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR 9:20 LAST BIRTHDAY PRONOUNCED Male June 26,1953 32 DEAD Caucasian 26/19 86 AM LOUNTRY? O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. United States WIDOWED DIVORCED Montgomery County, D. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Installer Glass. Gaithersburg 37 Nancy Place 13g. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 37 Nancy Place Maryland Montgomery 20877 Gaithersburg NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Althea Louis Larson Greenfield Silver Spring, Md. 20902 n. 10713 Jamaica Dr., 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN no 215 62 5210 Louis O. Larson 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HCMF
EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18,
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALDNG WEDNERAL DIRECTORS, PAGE 3 SHOULD BE USED AS A BURIAL- RANSIT PERMIT
AFTER DEATH, WITH THE STAFE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
BARTIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot Wound of Head IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES T NO [ 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY ALBEROX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4/25/ 1986 self inflicted wound 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Nancy Place, Gaithersburg, Montg. Co., Md. home Autopsy X 220. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinion Suicide X death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 4/27/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) 111 Penn St. 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23d LOCATION Burial 250. DATE AS PROBLEM SA REGISTER SA CONTROL OF THE PROBLEM SA CONTROL Apr. 30, 1986 Cedar Hill Cemetery 07/B4 BP 25M 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, **DHMH - 17** (VR A15 ME (5)) 7557 Wisconsin Av., Bethesda, Maryland



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of pe		AL RESIDENCE (IF NURS	136 COUNT			FORE ADMISSION)	13d INSIDE CITY LIMITS?		ADDRESS / ZIP CO		
		aryland		gomery	Kensi		YES NO		Dana Ct.	OLE ON	195
iner I		ATHER'S NAME				150011	15. MOTHER'S MAIDEN N		FETTER		
0 6		John	M	AIDDLE	White		Margaret		WIDDLE	Maha	LAST
8 /		WAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS	Merile	211
2	(	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	040-05	-80074	Daughter - 1	Margara	t Fure -	Came as	. #12
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1 0 0	F.	DI P-1	606	198 CONDI	TION FOR WHI	CHOTORATIO	WASPERFORMED	20a AUTO		YES, WERE FINI RTIFYING CAUS	SES OF DEATH?
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7 6			ed alive an_ <del>ad</del> (did not)	view he bode	ultin death	Ab or	d that in (my) (our) apinior	death occurre	d on the date and	hour and fram t	he causes stated
		77h Sylogaype	11/	100	, (	X	DEGREE			22c. DA	TE SIGNED
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5 3 7		H THYSICIAN'S N	AME TTYPE OR	PRINT	.4. /		22e ADDRESS		11		
PORT.		KOBERT	7. 7	H18A	DEHO		MOCKVI	LLE,	MD 3	2085	2
518	23a. F	BURIAL, CREMATION,	REMOVAL	236. DATE		RENAME OF C	METERY OR CREMATORY	23d LOC/			
	(	Buria	1	May 3'	86 Er	field	Street Cemete	CITY	infield,	Conn	STATE
	24 (1)	MINIAL DIRECTOR	not	An .	1 Funer			VEREC D. B.M.	JRAD IST REG	SJRALS SIGN	DURP DO
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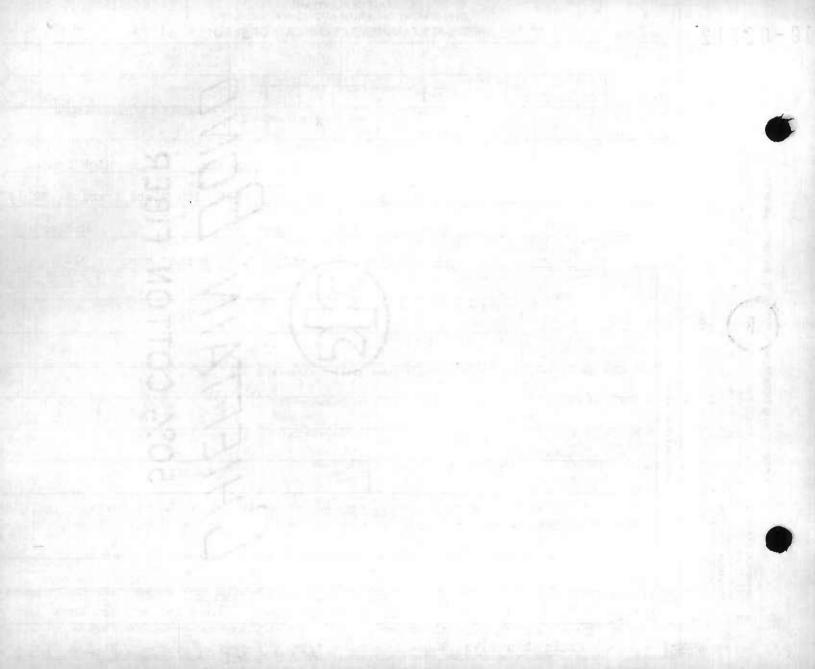
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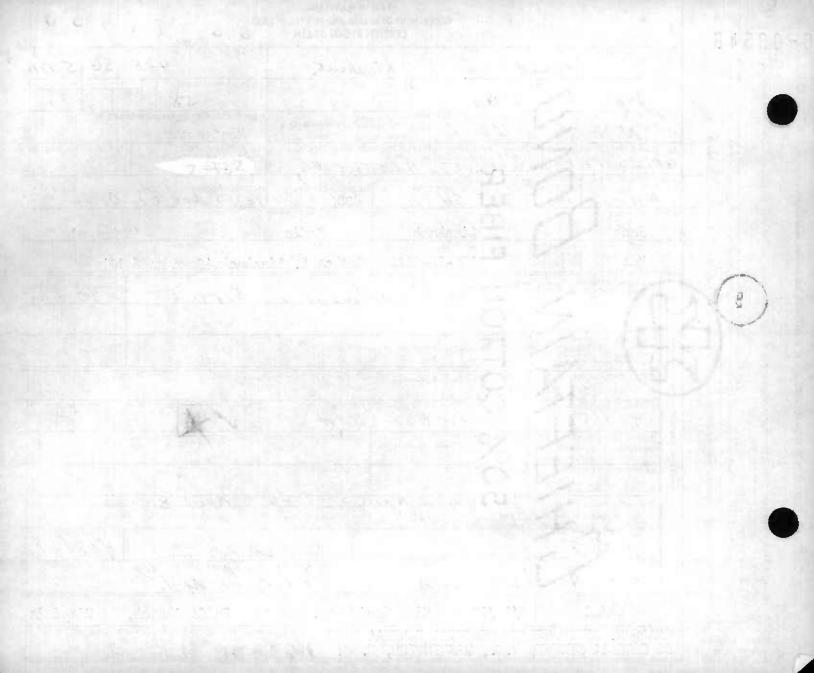
STATE OF MARYLAND

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H SERGE		aryland	Mont	gomery	Bethesda		YEXX NO		Alta Vi	ista Ter	rrace	20814
MAN THE WORLD	775	ATHER'S NAME		WIDDIE	LAST		15 MOTHER'S MAID	EN NAME	MIDDLE		LAST	
A SESS	u	Sam			Levenson		Lena	3.			Mille	er
MA SAN SAN SAN SAN SAN SAN SAN SAN SAN SA	160 \	WAS DECEASED		MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	Y NO.	17 INFORMANT		ADDR	ESS		
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AT W		18 CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSE	ily ane cause per line D BY:	far (a), (b), and (c).)				1		APPROXIMA BETWEEN ON!	SET AND DEATH
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TO ZZYSEN	1	Conditions	, if any, which	DUE TO, OK	AS A CONSEQUENCE	OF					13.5	
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H Z Z Z Z Z		lying cause		DUE TO, OK	AS A CONSEQUENCE	OF					- B	
S. S		PART 2 OTHER SIGN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).									
DIVISION OF VITAL RECORDS S.CRETICATE SHOULD BE EXEC RITING THE WORD." PENDICAL REED TO THE CHEEF MEDICAL ES 3 SHOULD BE USED AS A BUIL EDEPARTMENT OF HEALTH AN OF PRIOR TO BURKAL, CREMATH	7	Arteriosclerotic Cardiovascular Siease										
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25M DHMH - 17	24 F	UNERAL DIRECT			eral Homes		75a. DATE	REC'D. BY REG	ISTRAR 256. R	EGISTRAR'S SIG	SNATURE	
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR 14, 1986 Richard E. Livingston April 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Male White 21, 1906 Dec. To BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Canada DIVORCED | Montgomery WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Suburban Hospital Bethesda Int. Gen. Seet. Carpenter Union USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 6505 Bradley Blvd./20817 13b COUNTY Bethesda MD Montgomery 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charlotte McLeod Richard Livingston E. ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES! Collegn L. O'Neil, Same address as #13. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJUI 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINERS PM 21d. INJURY OCCURRED 21e PLACE OF INJURY TH LOCATION 0 COUNT STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETIL.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an oba (1) () (did not) view the body after death that in they have copinion death accurred and the diste and hour and from the causes stated THE DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial/Transit

224 PHYSICIAN'S NAME (TYPE OF PRINT)

b. Blaine Fitzgerald

230. BURIAL CREMATION, REMOVAL 4/16/86 23c NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery

22e ADDRESS

Cheektowago, NY

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave. NW. Washington. D.C. 20016 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

8218 Wisconsin Ave, Bethesda, MD 20814

April 18, 1986 A	and as	divi.	f.s	Ĵ.
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d. Haine ditacerals

8216 Misconsin ave, Sethesda, ND 20214

Purial/ ranait 4/15/56 Ft. Calvery Cemetery Cheektowago, MY Joseph Cavler's Sons, inc.
Sleothern ve, W, Mashington, D.C. 20016

Montgomery County, 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET Attorney Government 13e STREET ADDRESS / ZIP CODE 7111 Ridgewood Avenue / 20815 Goodal1 Eden ADDRESS Same as item #13 Mrs. Mary Olwen Longfellow, Wife MYULARDIAL INFAREMUNI PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) CITY OR TOWN COUNTY , and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN April 11, 1986 Suite 1240 5530 Wisconsin Avenue Chevy Chase, Maryland 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE April 23d LOCATION ITY OR TOWN Virginia 1986 Metropolitan Crematory Cremation Alexandria 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Juna Davidson-Randala P.A., 7557 Wisconsin Avenue, Bethesda, Maryland

STATE OF MARYLAND

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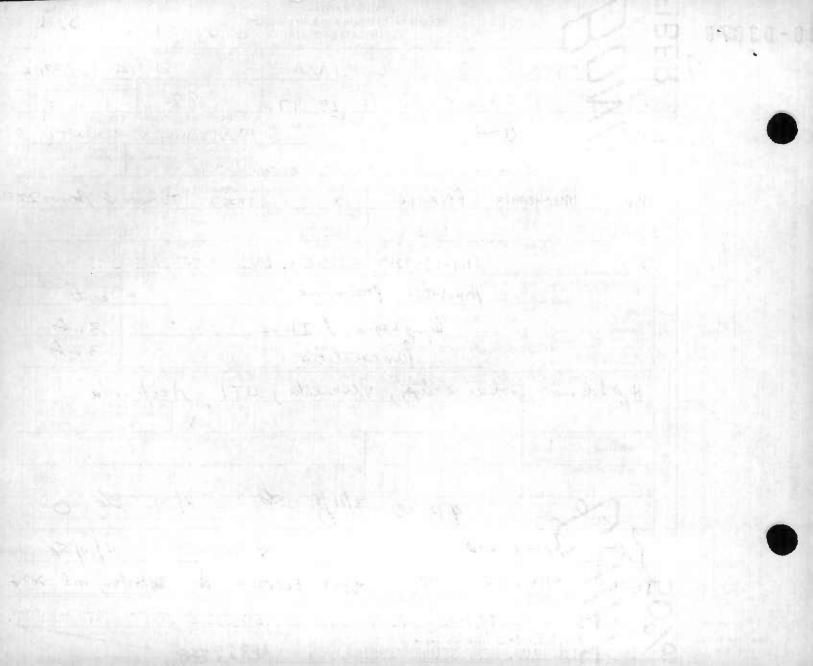
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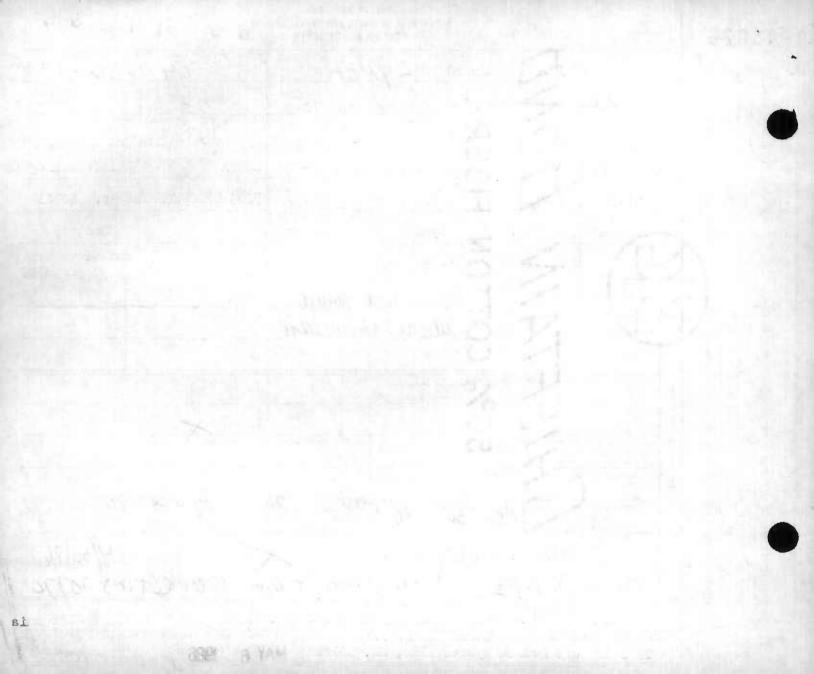
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ATTEND Sspital a ECTOR: A d for use it. of Hea m 21 is m	1	sow therefeceases	d olive on		4/12/19	86_, or	d that in my (our) opini	ion death occ	urred on the date o	nd hour and		1 /
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0 2 0		REGISTRAR		CERTIFICATE	DI DEATH	REG. NO.		
10		CEASED NAME FIRST	WIDDLE	/ LAST	1	20. DATE OF DEATH MONTH		26 HOUR O 20 am
/		John	Edward	LYNCI	5	04	3086	19 M
	3, 5E		RACE	5 DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS MIN.
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00	7a Bl	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8	VER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
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1	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR	ING HOME OR OTHER	INSTITUTION	12- LISTIAL OCCUPATION	Las Minio C	OF BUSINESS OR
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75	13a S	AL RESIDENCE (IF NURSING HOME OR OF STATE	THER INSTITUTION GIVE RESIDENCE BEF		IDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE _	SHITTE
17		MD VPC	o CAPA HE	uchts YES [	NO	7006 Independ	ence St.	20743
1	14. FA	ATHER'S NAME	DDIE LAST		HER'S MAIDEN NA		1.61	13
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		18 CAUSE OF DEATH (Enter only	nne cause per line fol (a). (b.		garet big	Emaio Laure	APPROX	CIMATE INTERVAL ONSET AND DEATH
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1		OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HO	W INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
7	Z Z	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY		CATION	CITY OR TOWN	COUNTY	STATE
	E	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	E PARM, ETC.)	, meet	A .		STATE
		22a.1 certify that (1) (this haspital	) oftended the deceased from	Aud	19 76	o to Held 3	1986	that (I) (we) last
		saw the deceased alive on_	MMU 30 19	V/A T	(my) (our) opinion	death occurred on the date on	d hour and from the	couses stated
	7	obove, (1) (we) (did) (did not) 22b. SIGNATU I	view the body after death.	DEGREE			22c DAVE	SIGNED
		WANIM	a windt	~	ATTENDING	MEDICAL STAFF	(1/1	10/01
-		22d. PHYSICIAN'S NAME, (TYPE OF P	PINIT	22e AD	PHYSICIAN	DIRECTOR   PHYSICIAN	1 7/3	10/14
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		Burial		Arlington N		Arlington	N/A	Virginia
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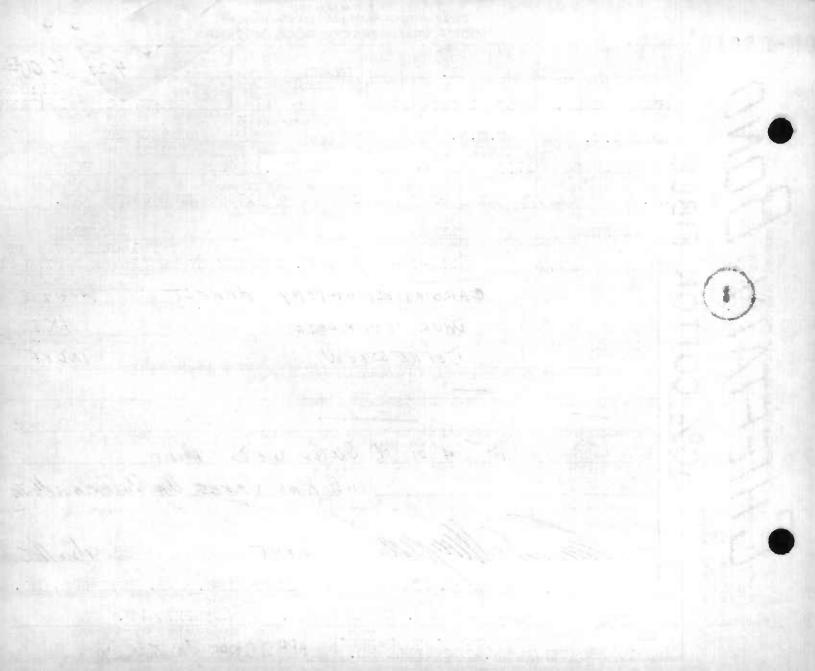


STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF TO THE FUNERAL DIRECTOR.

I PAGE 5 FOR YOUR FILES.

BE FILED, WITHIN 72 HOURS

SS. 201 W. PRESTON STREET, DEATH MATED 3 SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED APRIT. 1986 1954 MALE CALIC TO RIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [ DIVORCED MONTGOMERY WASH D.C. IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET NONE NONE GAITHERSBURG GROVE ADVENTIST HOSP. T30 STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS KING JAMES MONTGOMERY GAITHERSBURGYESX NO 0 17060 MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LYNNE **JACOBSON** ROBERT SHIRLEY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRZ014GLENHAVEN (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) LYNNE SILVER SPRING MI 218-56-8799 MRS. SHIRLEY NO CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: CARDIO RESPIRATO IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE O Conditions, if ony, which OVERDONE gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE O lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO S 210. EXTERNAL CAUSE WAS 71b. TIME OF INITIRY HOUR AM MONTH DAY YEAR UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE STA 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Suicide 2 deoth resulted from Homicide Undetermined monner TITLE YSPECIFY) MEDICAL EXAMINER EXAMINER'S NAME FRENCIS C. MAYLE 8200 WISC. AVE. BETHESDA. **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE SPECIFY) ADELPHI, MD. MT. LEBANON CEM. BURTAL 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DANZANSKY-GOLDBERGREMEM. CHPS INC. **DHMH - 17** (VR A15 ME (5)) ROCKVILLE PK. ROCKVILLE MD.



STATE OF MARYLAND

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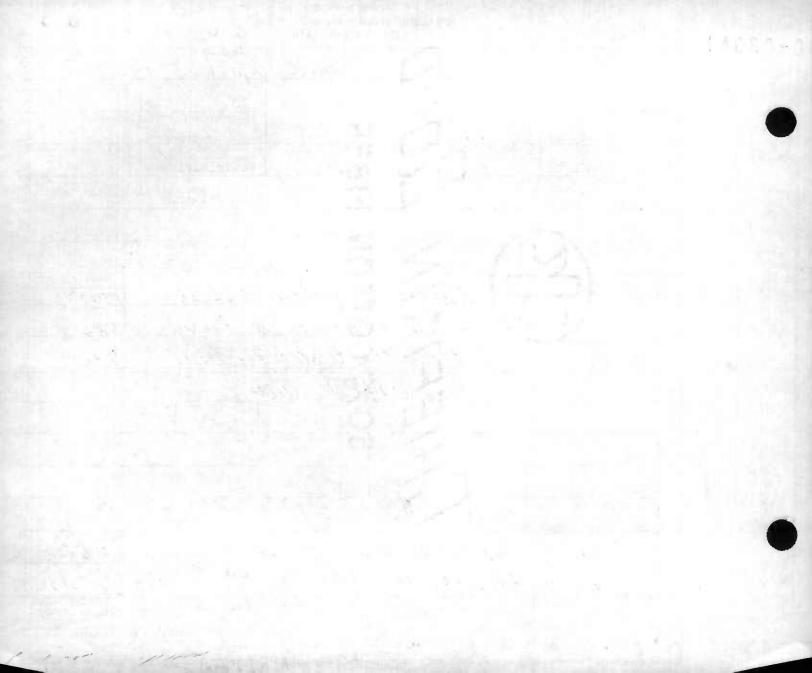
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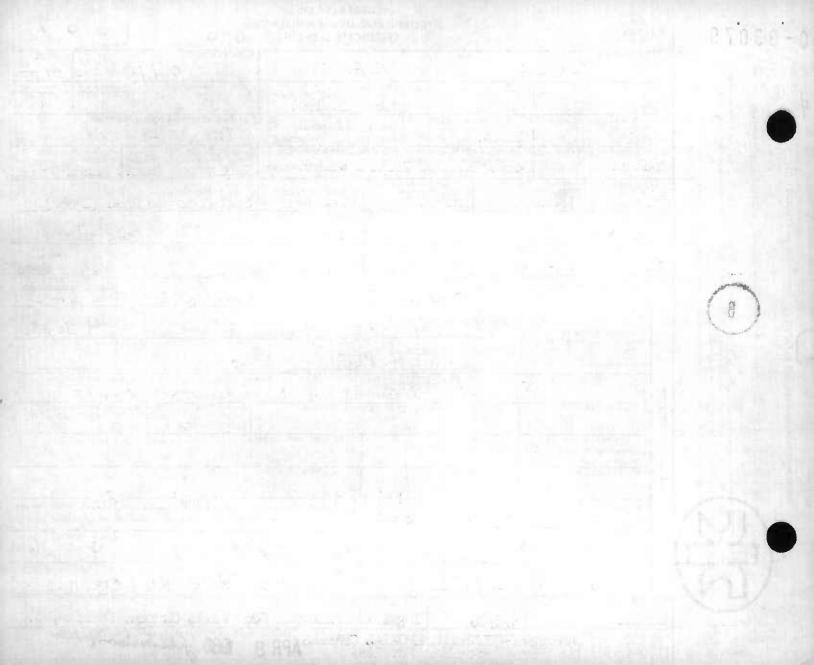
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO BECEASED NAME 20. DATE OF DEATH 26 HOUR YPE OR PRINTI ames 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR 1915 Male White TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. British Columbia WIDOWED DIVORCED [ loutzomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Veterinarian 130 STREET ADDRESS / ZIP CODE 20904 HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 36 COUNTY 13c CITY OR TOWN NOF Md Montgomery Silver Spring 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Cromie Martha Mark John 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 3118 KilkennySt. (YES. NO OR UNKNOWN) LIF YES. GIVE WAR OR DATEST Mark Silver Spring Md. 20904 Ruth M. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELA TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC ) CITY OF TOWN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 19. 8.6. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 775 SIGNATURE DEGREE ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN 4 DIRECTOR PHYSICIAN GROUGAL 230 BURIAL, CREMATION, REMOVAL (SPECIFY) / Burial 1 986 231 NAME OF CEMETERY OR CREMATORY King of Prussia Pennsylvania Valley Forge Gardens April 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Donald V. Borgwardt 4400 Powder Mill Rd Beltsville Md 20 20705 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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	noy be poge 3	I. DE	CEASED NAME FIRST	A	WIDDLE	M	ARKS	20. DATE OF DEATH MON	7/03/86	26. HOUR 20
1	of of the	3. SE		4 RACE White		S. DATE O	h 3, 1904	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
7	death. Page 4 funeral director thin 72 hours of	7 70. B	MALE RTHPLACE (STATE OR FOREIGN COUNTRY) SSIA		WHAT COUNTRY?	R	NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH	MD
5	s ofter de by the fun filed within	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O	ROTHER INSTITUTION  r Washington	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Saleswoman (	ORKING LIFE) INDUSTR	OF BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	r filled in thould be f	130 Ma			Rockvill	V	YES XX NO	13. STREET ADDRESS 6121 Montros		
MARYL	ompletely ood 2 sl	14 F/	THER'S NAME Lazer Be	ry1	Lukash	insk	15. MOTHER'S MAIDEN NAM	AE MIDDLE	Gulcow	ich
IMORE,	n ond co	160 N	VAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	081-01-4		17. INFORMANT  Laverne Cohe	n;16830 Betha	ayres Rd.;	20855 Derwood Md
ST., BALT			18 CAUSE OF DEATH (Enter of PART ). DEATH WAS CAUS	TE CAUSE (a)	CTRUI	0-1	ESPIRATORY	FALURE		DAYS  DAYS
ESTON	W	1	Canditians, if any, which	DUE TO, 0	OR AS A CONSTOUE	NSE OF	E ANEN	114	4	YEARS
11 W. PR	that the state of creme of creme or collect		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE	NCE OF P	LE MYE	LOMA		
RDS, 20	requires Then pl note burn	NOI	PART 2. OTHER SIGNIFICANT	SEVE	RE D	GM	ENTIA OF	INAL DISEASE OR CONDITI	N CAUS	E
AL RECO		CERTIFICATION	19g DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO NO	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	ES OF DEATH?
OFVIT	CAN DESTRUCTION OF THE PARTY OF		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY I.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
IVISION	offered of the but we had a ward of the but we had a ward and we had a ward a w	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
٥	TTENDE extel or TOP at for use of Healt 21 is mo		22a.1 certify that (I) (this hosp saw the deceased alive a abave, (I) (we) (did) (did a	4/-	198	6,00	d that in (my) (aur) apinian a	death accurred on the date of	and hour and from th	, that (I) (we) last ne causes stated
	ALOR A ALORE ALORE denoched one Dept		22b. SIGNATURE	asil	7		ATTENDING ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1 16	13 86
	O HOSPITAL Duried by the O FUNERAL hould be detected the the State	1	224 PHYSICIAN'S NAME (TYPE		TEL		22e ADDRESS	NTROSE R	D. Rock	ILLE MD.
	景を トラル本	23a	BURIAL, CREMATION, REMOVA		1	AME OF C	emetery or crematory id Memorial G	23d. LOCATION	moh. county	fav. Va
	BP DHMH - 16 50M 4/B2		ITIAI UNERALDIRECTOR DANZAN	4/6/8			CHAPETS 250 DAT	E REC'D. BY REGISTR R 256.	REGISTRAR'S STATE	nduste
	(VRA 15, 4)	11	70 Rockville Pi	ke; Roc	kville, M	d. 20	852 APR	3 1986 Juli	White/and	



0-03333

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG, NO						
. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH A	MONTH DAY YEAR	26 HOUR				
Gus		Matheos	Apri	1 4, 1986	8:30				
SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH						
Maile	White	March 15,1910	75	YRS. DAYS	HOURS MIN.				
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH					
O CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 126. KIND C	OF BUSINESS OF				
Kensington	11221 Orleans		Owner Ope						
USUAL RESIDENCE (IF NURSING HOME) 130. STATE 13b. CC		WN 134 INSIDE CITY LIMITS		ZIP CODE	0895				
4 FATHER'S NAME George	Matheos LAST	Is MOTHER'S MAIDEN I	NAME	Borboul	lis				
	GIVE WAR OR DATES)		addres ugenia K. Mati		#17				
Yes N	JWI 154-05-	-0095   MITE LIE TO	Rema V. Man	1609 come or	י דבו				
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	resclarabe	HEAR J	ITION GIVEN IN PART )	(0				
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES					
OR CONTRIBUTION CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)					
OR CONTINUED CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFIC	211 LOCATION	CITY OR TOW	n county	STATE				
sow the deceased alive	spital) attended the deceased from 3 19.	on death occurred on the dat	19.8(a), te and hour and from the	that (I) (we) lo					
The SIGNATUSE	13_0		MEDICAL STAFF	AN D 4/4	1/86				
224 PHYSICIAN'S NAME (TY		22e ADDRESS							
Raymond T.			e Dr., Wheaton	, MD 20906					
23a. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE				
Burial	4/7/86	late of Heaven	Silver Spi	ring, Md.					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

14 FUNERAL DIRECTOR
JOS. Gawler Sons \$130 Wisc Av Wash. DC 20016

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 1 1 1986

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- 1115 Dolle Lr., Wheaten, MD 20905

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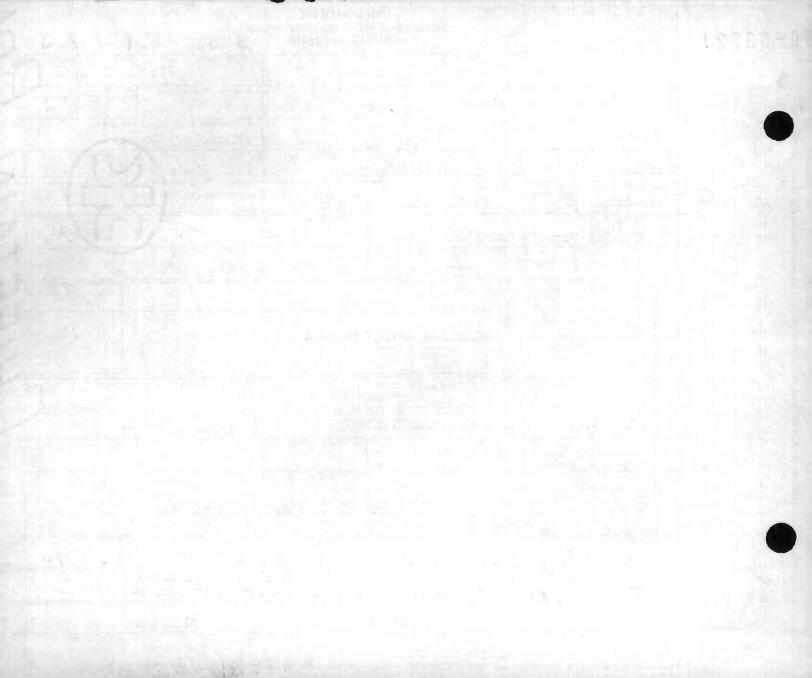
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH DAY 2b. HOUR OF ESTI-10 86 3-13 Maxwel] Mona 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 24 HOUR 2:00 FUNERAL DIRECT 5 FOR YOUR F (AST BIRTHDAY) PRONOUNCED MAY 17, 1915 DEAD FEMALE WHITTE 70 YRS 1986 p. M Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY! U.S.A. MICHIGAN WIDOWED K DIVORCED Montgomery County, (LED, W. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 3. RETAIN PACE SHOULD BE FILL RECORDS, 20 HOMEMAKER AT HOME Silver Spring 8013 Eastern Ave., Apt. 308 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MONTGOMERY 8013 Md. SILVER SPRING YES XX NO EASTERN AVE. #308 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FTER DEATH.
FORM PM SES I AND 2 MIDDLE . LAST MIDDLE HERBERT FRENCH LEON EDITH MARTIN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 17. INFORMANT ADDRESS TRANSIT PERMIT. PAGES I 94585 NO KINGS WAY, SUISAN, CAL. UNKNOWN PEGGY YOUR 502 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt Trauma to Head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A B CERTIFICATION Stab Wounds of Head, Neck and Abdomen 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YESXIX NO [ FORWARDED TO THE COR: PAGE 3 SHOULD BE HE STATE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 116. TIME OF INJURY EST YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) UNDERLYING KOR CONTRIBUTING CAUSE OF DEATH 3-13 10 86 subject was assaulted THE PLACE OF INJURY LATHOME 21d INJURY OCCURRED 21F LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEI TO FUNKRAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK 8013 Eastern Ave., APt. 308, Silver Spring, home Montgomery Autopsy X 220 I certify that I took charge of the remains described obove, held an Inspection Undetermined monner TITLE (SPECIFY) 3-17-86 Assistant MEDICAL EXAMINER SIGNED. EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 4-11-1986 CREMATION CHAMBERS CREMATORY RIVERDALE. P.G.C. Md. 07/B4 BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** W. CHAMBERS CO. INC. SILVER SPRING, Md. a Davidson Randall (VR A15 ME (5))

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4217 9th St NW: Washington, D.C.

(VRA 15, 4)



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4.0	1	REGISTRAR		4		CATE OF DE	ATH	Ö	REG. NO.			
10	DE	OR PRINT)	1851	WIDDLE		NST		20 DATE OF	DEATH MONTH	DAY		26 HOUR P
10	1.5E		pert G	eorge	5. DATE O	<u>lcFadden</u>	l .	April	1, 1986 ARS LAST BIRTHDAY)			8:12 M
				: m	MONTH	DAY	1939			MONI		HOURS MIN.
00	7s. B	LLE IRTHPLACE (STATE OR FOREM	Caucas.  7b CITIZEN OF	WHAT COUNTRY?	8	ber 2.		9 BALTIMOI	RE CITY OR COU		DEATH	
5		Pennsulvania	USA		WIDOWE	NEVER MA	ORCED		Montgon	nery		MD.
W	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		R OTHER INSTIT	TUTION		CCUPATION FOR MOST OF WORKIN			BUSINESS OR
2/		ensington	2708	Jennings	Road	208	395	Vice F	residen	-	Votch	Top Laminat
26	130		COUNTY	13c. CITY OR TOW	'N !	13d INSIDE CIT	Y LIMITS?	13e STREET A	DDRESS / ZIP C	ODE		
4		<u>ryland</u>  Mo	ontgomery	Kensing	ton	YES X	NO DEN NA		Jennings	Roo	id	20895
5/	1	George	Jacob	McFa	ddan	FI	ietta		WIDDLE		C+a	hlhut
1		WAS DECEASED EVER IN L	S. ARMED FORCES?	166 SOCIAL SECU	_	17 INFORMAN			ADDRESS		Suu	ranuc
	N		YES, GIVE WAR OR DATES)	577-52	-3796	Audrey	L. Mcl	adden	Wife	Same	2 as 1.	3
		8 CAUSE OF DEATH (E PART I. DEATH WAS	nter anly ane cause pe			,				L		ATE INTERVAL
			CAUSED BY MEDIATE CAUSE (a)	KESO	PIRA	TORY	FO	91LUX	E		IMME	DATE
The same		Marie Contract	DUE TO, O	OR AS A CONSEQUE	ENCE OF	~ 7000	-	111.0	10=		2 / 11	~
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- the			the DUE TO, C	GZ1081		1.4					181	5
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS (		7-7-	4.77	O THE TERM	INAL DISEASE	OR CONDITION	GIVEN	IN PART In	
in the	N N	STATUS	POST	CRAMO	0104	r						
1	CAT	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	WAS PERFOR	MED	20a AUTO	PSY? 20b. II	YES, WE	ERE FINDING	GS USED OF DEATH?
1	E E							YES 🗌	NO	YES [		NO 🗌
6	2	OR CONTRIBUTING CAUS		OF INJURY A.M. MONTH D.	AY YEAR	21c. HOW INJ	URY OCCUR	RED (ENTER NA	URE OF INJURY IN ITEM	18 PART 1	OR PART 2)	
1	DICA	(IF EITHER NOTIFY MEDICALE:		P.M. OF INJURY	19	211 LOCATION	N					
	MEDIC	WHILE TO NOT WHILE	LAT HOME S	TREET, FACTORY OFFICE, I	ARM EIC )	STREET			CITY OR TOWN		COUNTY	STATE
		220.1 certify that (I) (this	s haspital) attended	he deceased fram_	10	115	19 85		//	19_	86	nat (I) (we) last
		saw the deceased a abave_(1)(we)(did)	live an 4/1	y after death.	5C, an	d that in (my) (	aur) apinian	death accurred	I an the date and	haur and	d fram the co	ouses stated
		276 SIGNATURE +	.01	0 /	2 1	EGREE			0.000		22c. DATE SI	IGNED
-		1004	reblals	clay fe	w	Ph	TENDING TYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN			6,213
1		214 PHYSICIAN'S NAME				22e ADDRESS						
-		Richard P.				4323 H	lavard	Street	Silver	Spa	ing.	Marylan
		BURIAŁ, CREMATION, REW (SPECIFY)				METERY OR CE	OTOHIL		ORTOWN	co	YTAUC	STATE
	24 F	Burial UNERAL DIRECTOR Fra	April	4.1986 Sh	renand	oah Mem	Park		esterot.		rick V	A A GANAA
7/84		O Y Universi		ADDRESS	Cutin	a Md		HIN'	7	O'	o Siorial of	
	150	o y universi	ry beva. u	. suver	Spille	1. Ma.						

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	1-	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	1075							
BULLO		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 7 / 3							
777		CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR							
900		Thomas	J.	McGrath	April 10, 1986	6:00							
offer o	3. SEX		4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.							
ecto urs of	Ma	le	Caucasian	June 28, 7920	65 YRS	The state of the s							
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH							
un 72	N	ew Jersey	USA	WIDOWED DIVORCED	Mantagmanu	MC							
3 2	10 CI	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	Montgomery  12a. USUAL OCCUPATION  LIVE OF WORK FOR MOST OF WORKING II	126. KIND OF BUSINESS OR							
100	Si	lver Spring	2921 N. Leisur	e World Blud.	Supervisor	Bell Lab.							
a Pe	USUA T3a S	L RESIDENCE (IF NURSING HOME OF TATE 13b. COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO	DRE ADMISSION) WWN \$13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	20906							
				Sprina YES NO [		World Blvd.							
And 2 should	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST							
130	The	imas	F McGra		MODIL	Lehieve							
	léa V	AS DECEASED EVER IN U.S. AF			ADDRESS								
medico	(1	ES. NO OR DINKNOWN) (IF TES, GI	158-09-	8253 Hazel McGrat	th same as 13								
the the		CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA											
vent		PART I. DEATH WAS CAUSE	TE CAUSE (0) Confes	Tive Heart Fa	4/4re	5 year							
ofice		MARCON	DUE TO, OR AS A CONSEO	DENCE OF									
5		Conditions, if any, which	A there	7 -7 ;;	+ Siseose								
		gove rise to immediate	cause (a), stating the DUETO OR AS A CONSEQUENCE OF										
		underlying couse last.	Cardi	- 1 10									
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a							
injury,	ON	Austic Valve Disease											
	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS US											
X	TIF					FYING CAUSES OF DEATH?							
	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)							
ltem/	AL	OR CONTRIBUTING CAUSE OF DE.		DAY YEAR									
o d	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION									
ked	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE							
Mor	- 7		ital) attended the deceased from	19 84	to 4-10	19 2 . that (Dwe) last							
22.	12		4-9-86 New the body after death.		death accurred an the date and has	, moi (iii) we nos							
E		above, (I) (we) (did) (did no 22b SIGNATURE	view the body after death.	DEGREE		22c DATE SIGNED							
를 문		1/1/1	- 1-	ATTENDING	MEDICAL STAFF	4-10-8							
RIANI	9	22d PHYSICIAN'S NAME (TYPE O	2.N	PHYSICIAN 1	PHYSICIAN .								
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NA NA		M- KOTSZ	VATIO	P	inf M4 201	906							
	(	URIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE							
- [	BUI	RTAL	APR. 14. 1986	Fairview Cemetery	Middletown Mon	mouth New Jers							

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAI APR. 14, 1986 Fairview Cemetery Middletown Monmouth New

24 FUNERAL DIRECTOR Francis J. Collinsgore Ir.

500 University Blvd. W. Silver Spring, Md. 20901 APR 14 1986

Thomas 7. Softward April 1926 End 6 Asher, I all the state of the s

		Film G615 item 16a, 16b		STATE OF MARYLAND		
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9 74 3	1. DE	EASED NAME FIRST	MIDDLE	Mc Learen	20 DATE OF DEATH MONTH	11 86 1235 A
e 4 moy	1. SE		whit	January 25, 1903	6. AGE (IN YEARS LAST BIRTHDAY)	MUNDER I YEAR IF UNDER 24 HRS
And the Part of And		OUNTRY)	SA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	TTY OF DEATH
8010	10. C	TY OR TOWN OF DEATH . NAM		HOME OR OTHER INSTITUTION	Montgome 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF, WORKIN Store Clerk	126 KIND OF BUSINESS OR INDUSTRY Naval Researc
J 1835	₩5U. 13a S	ALRESIDENCE (IF NURSING HOME OR OTHER INST TATE DID COUNTY RULand Montgomen	13c CITY OR TOWN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	DDE
3 11/5		THER'S NAME FIRST MIDDLE	McLearen	15. MOTHER'S MAIDEN NA FIRST  Katherine	WE	Desmond
e exe n and ce Poge:		VAS DECEASED EVER IN U.S. ARMED FOR	CES? 166_SOCIAL, SECUR	TY NO. 17. INFORMANT	ADDRESS IcLearen Wife	
physicial no papers. movol.		18 CAUSE OF DEATH Enter only one co PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	use perfine for (a), (b) and		torlet	APPROXIMATE INTERVAL BYTWEEN ONSET AND DEAD HUNCLEY
has the attending by the attending ease remove corb ol, cremation, or in other traumatic		Conditions, if ony, which gove rise to immediate	TO, OR AS A CONSEQUEN  TO, OR AS A CONSEQUEN  (c)			
been signed mit. Then pli	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION  190 DATE OF OPERATION  190		ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
N: The lo risicion.	RTIFIC	210 ACCIDENT WAS UNDERLYING . 216	TIME OF INJURY	I 21. HOW IN TURY OCCUP	YES NO	RTIFYING CAUSES OF DEATH?  YES NO
SECTION STATES OF SECTION STATES OF SECTION SE	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. PLACE OF INJURY	YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
Sold Street	ME	WHILE NOT WHILE AT WORK	OME, STREET, FACTORY, OFFICE, FAR		CITY OR TOWN	COUNTY
Affend Ospital ECTOR of for use of 21 to 21		220.1 certify that (1) (this happital) after sow the decrosed alive an above, (1) (see) (did) (did not) view the		`	death occurred on the date and	
ITAL OR THE HOST THE HOST THE HOST THE HOST THE DIRE HOST THE DIRE HOST THE HENNING THE HE		226. SIGNATURE  226. PHYSICIAN'S NAME (TYPPOR PRINT)	rest on	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	THE DATE SIGNED, PL
TO HOSPITA retoined by TO FUNERAl should be de with the Stot		Thos 6-W	4RD 6	116 Rollin	sof Bli	tish 208/7
BP		Burial Ann	THE OWNER OF THE PARTY OF	ME OF CEMETERY OR CREMATORY  Olivet Cometeru	23d. LOCATION CITY OR TOWN  Washington. D	C. County State
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR Francis J O University Blyd	. Collins, J	250 DA		ISTRAR'S SIGNATURE

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INVESTIGATION STORY

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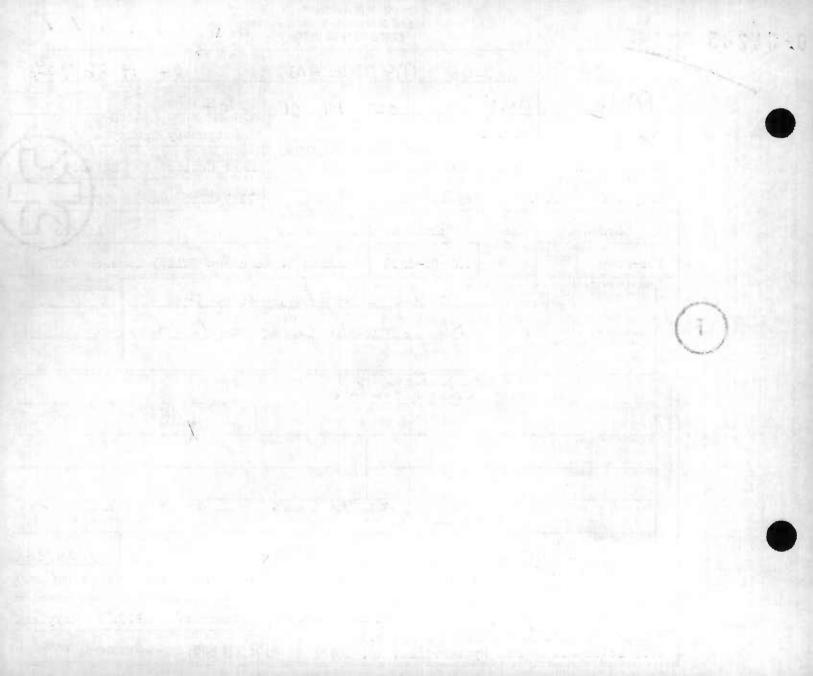
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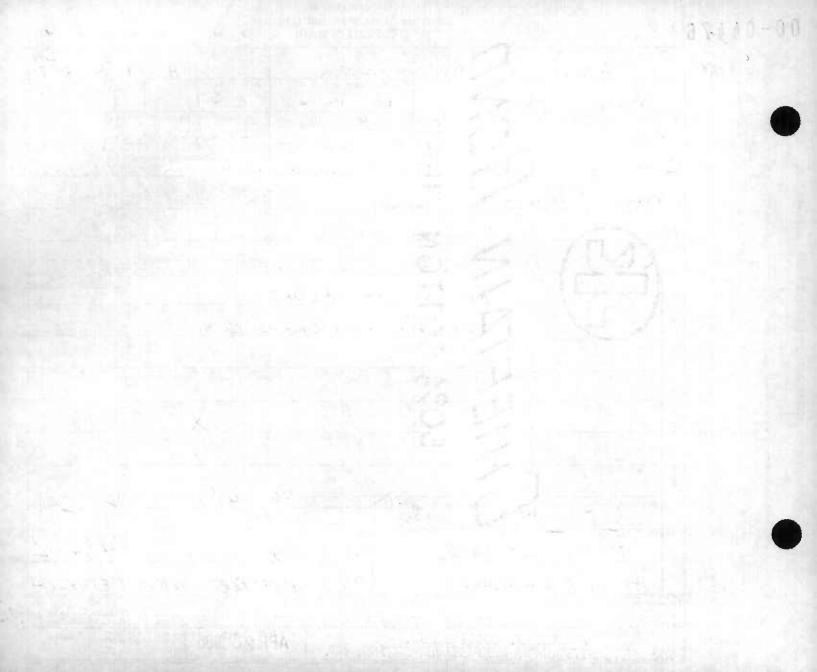
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(VRA 15, 4)

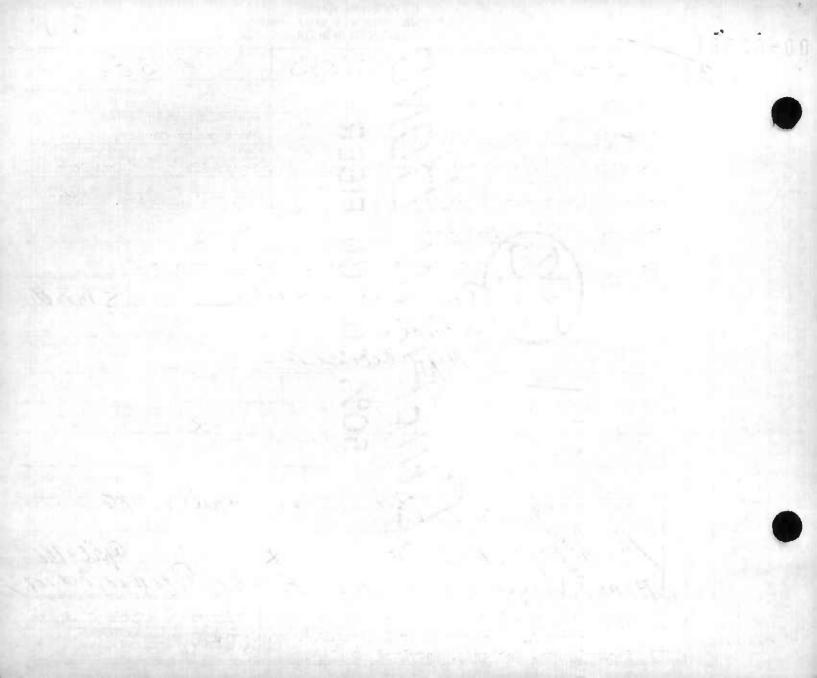




00-0498	0	STATE OF MARYLAND  FOR DEPARTMENT O FEALTH AND MENTAL HYGIENE										
00 0430	3	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	O REG. NO					
e 4 moy be ctor, page 3	37		EASED NAME FIRST OR PRINT)  E  U  N  N  N  N  N  N  N  N  N  N  N  N	Ada	n Mic	haloski	20. DATE OF DEATH	2/86 YEAR	26. HOUR			
moy r, po	887	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS (AST BIRT	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.			
B 9 5	1	1	Male	White	Augu		68	YRS				
oth. Po 72 ho	5/2	7a. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8. MARRIE	D NEVER MARRIED	Montgom	R COUNTY OF DEATH				
dead dead	5		nnsylvania TY OR TOWN OF DEATH	U.S.A.	WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPATION		MD. OF BUSINESS OR			
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AND 213	235	130. S	TATE INTERIOR OF NURSING HOME OF TATE	omery Wit	Alry	YESXIX NO		Q/7;	treet			
erely 42 sh	au la	14 FA	THER'S NAME	MIDDLE BE . 1	AST	15. MOTHER'S MAIDEN NA						
ompl on o	30	/	Adám		loski	Stephani		Kurzerow				
Mond o	medico		(IF YES GIT		14-4370	Nary Michal		S.Main St				
ST., BALL ertifico ng physicic bon paper removal.	c event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for 101. ED BY: TE CAUSE ( ) FIA	STATIC A	PENAL CELL	ARCINOMA		MATE INTERVAL ONSET AND DEATH			
TON sath c	Hom		Candida If 111	DUE TO, OR AS A COM	NSEQUENCE OF							
PRES he de mov	r frou		Conditions, if any, which gave rise to immediate cause (a), stating the	(b)	USE ONE VISE OF							
l W. hot the	othe		underlying couse lost.	DUE TO, OR AS A COM	ASEQUENCE OF							
tDS, 20 quires t signed then ple to burio	njury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	0,			
AL RECORDS, The law required to the law required to the law required to the law required to the law representation to the law results of the law r	Shows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES YES	NGS USED S OF DEATH? NO 🔀			
VII N. I.	18 %	CER	21a. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART   OR PART 2)				
ON OF IYSICIA ding pl ding pl sis certif buriol-t	E	CAL	OR CONTRIBUTING CAUSE OF DE	P.M.	19							
DIVISION  NG PHYS  offer this cost the bur  th ond Me	rked or	MEDICA	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE			
NDIN I or R. Af teolth	om s		22a.1 certify that (1) (this heep	ottended the deceased		1981	10 APRIL 1		that (I) (ve) lost			
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t OR the house to Drike	# He		NATURE (	Branne	(m)	DEGREE ATTENDING	MEDICAL STAF	22c. DATE	SIGNED			
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TO HOSPII retoined by TO FUNER should be	MPORTANT:		JAMES A. E.	Brown MM	0			81802				
Open Open Spring			URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STAIL			
BP			Removal	4-13-86		town Med Sc		ngton,	D.57.7d			
DHMH - 16 50M 4 (VRA 15, 4)	1/B2	225	Missouri A	bia Mortuar ve,NW Washi	y Servi ngton, D	CCD	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNAT	URE			

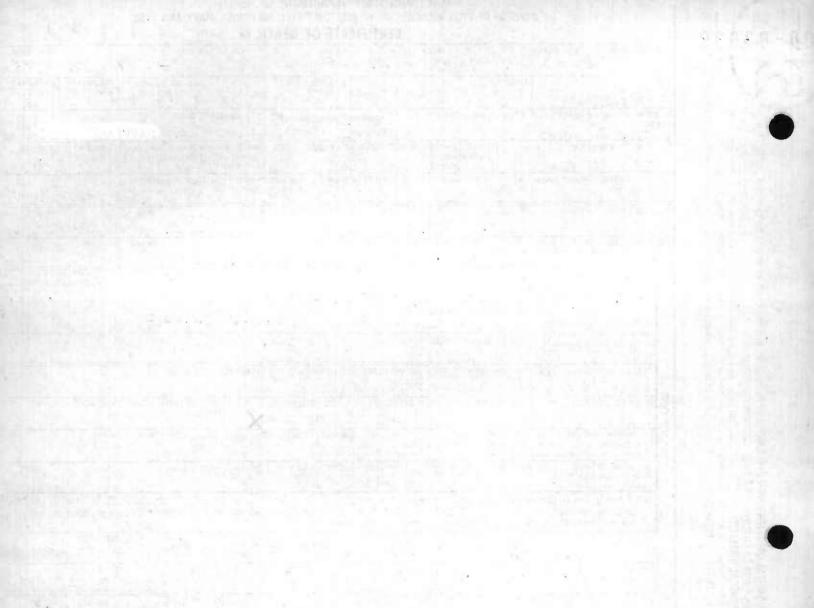
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2 25		CRASED NAME FIRST	0	MIDDLE	m	1.4545	20 DATE OF DEATH	1 20	EAR 26 HOURS			
moy	I SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
ige 4 m		Female	Caucas		Dece	mber 28, 1892	93	YRS				
h. Po	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	TH			
de ot		Lithuania	United		WIDOWE		Montgomer		MD.			
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1 19/17	14 FA		MIDDLE	LAST Dainalraa		15 MOTHER'S MAIDEN NAM FIRST	Unknown		LAST			
S Co	16a V	Unknown /as deceased ever in u.s. ar		asinskas II 66 SOCIAL SECU	RITY NO.	17 INFORMANT DOLLA		SS				
n and o			E WAR OR DATES)	351-26-4		Irene M. Rede	ghter ADDRE ecke sam	ne as 13e				
death certificate attending physicia corban paper Infan, ar remaval. roumatic event, th		18 CAUSE OF DEATH (Enter anly ane couse per late to (a), (b), and (c.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a),  DUE TO, OR AS PROJNEOUENCE OF (Canditions, if any, which gave rise to immediate										
quires that the signed by the hen please rem to buriol, crema jury, ar other t	NO	cause (a), stating the underlying couse lost DUE TO, OR AS A COMSEQUENCE O										
he law re on. has been t permit. I tene prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20b. IF YES, WERE FIN CERTIFYING CA	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO}  \text{\text{T}}				
CIAN: The log physicion.  errificate has ial-transit per ortal Hygiene g		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PA	RT 2)			
G PHYS attendin er this c s the bur and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE (	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC )	211. LOCATION STREET	CITY OR TO	WN COUN	ATY STATE			
TENDIN outel ar TOR: Aft ar use a of Health		22a.1 certify that (I) (this haspi	mull-	3/ 19/8	Co. or	nd that in (my) (aur) opinion d	eoth occurred on the do	ote and haur and fra	m the causes stoted			
ITAL OR All By the hosp RAL DIREC- detached for State Dept		The Physician Shame Inter	PCS	MeO.	PA	ATTENDING PHYSICIAN	MEDICAL STAF	FF _	DATE SIGNED			
TO HOSPITAL retained by th TO FUNERAL should be deto with the State IMPORTANT: II		AZADJ. Vi	oscen	ms, Pi	H	10,000 Fai	115 Rd. 1	ofomae	, md. 20%;			
BP	23a B	urial, cremation, removal.  Burial	8, 19			imir Cemetery	23d. LOCATION Chicago	Çook	Illinois			
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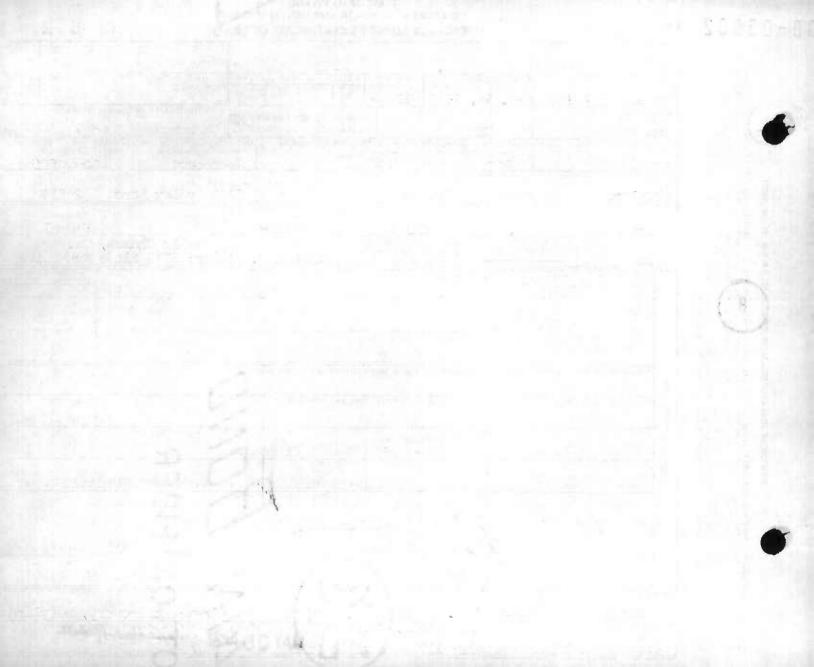


	1	MARTLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120]	0 1
00-02620		CERTIFICATE OF DEATH 8 0	981
death of 2 6 3 9	1.		2b. HQUR
to pat	10	EXECEASED-NAME First First ALOYSIUS Middle MILES 20. DATE OF DEATH Day	30 615 PM
de a ja	7 0		
fer fer fer ffer	3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years If	F UNDER 1 YEAR
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by by	70	D. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARPHED = HEVED MARPHED   9. COUNTY OF DEATH	
d in			
requires that the death certificate be executed within 24 haurs after death g physician. It is signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and 2 burial, crematian, ar remaval, ording any event, with	100	WASHINGTON, D.C., USA	10h KIND OF BUSINESS OF
草里黄	1	give street address)	12b. KIND OF BUSINESS OR INDUSTRY BANK
Z EST	112	SILVER SPRING 10400 EDGEWOOD AVENUE WILL PRESIDENT	1st NAT'L.
cuted ample ve cal	600	to. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
carr carr		MARYLAND 136. COUNTY SILVER SPRINGS NO 10400 EDGEWOOD	AVENUE 20901
on on	2/14	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
ate be exe cian and co	2/	GEORGE NICHOLAS MILES AGNES CELIA	BRAUGH
on cigir at		60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
ifica al, pl	1	Yes, no, or unknown) (If yes give war or dates of service) 577-22-3431 ROSE M. MILES WIFE S/A 13	
ph hen			APPROXIMATE INTERVAL
Fe Ting		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) RENAL INSUFFICIALLY	BETWEEN ONSET AND DEATH
eng eng		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) RENAL INSUFFICINEY	
aff per ian,		DUE TO, OR AS A CONSEQUENCE OF	
the the sit promption		Conditions, if ony, which gove rise to immediate couse (a), (b) ARTERIO SCLEROTIC MSCULAR DISEASE	
tha by an		stoting the underlying couse O), C  DUE TO, OR AS A CONSEQUENCE OF	
equires that the physician. signed by the burial-transit purial, crematil.		lost. (c)	
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OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detached far use as the burial-traned with the State Dept. of Health priar ta burial, cre		Pulmonary Confestion	
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The law attendir has bee sse as th	4	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
# r at # se # .	CEDIFICATION	YES NO X CAUSES OF DEATH?	
cate de			n 18.)
Se the second	7 MEDICAL	If either, notify medical examiner) P.M.	
ATTENDING PHYSICIAN: etained by the haspital or CTOR: After this certificate shauld be detached far unith the State Dept. of Heal	A A		County Stote
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N × + + e + + e d d d d d d d d d d d d d d		22a Leartify that (1) (this hashital) attended the decorated from 11/12 1/10 8/ to 17/14/15 / 10 8	4 that //\ /wa\ last
AAT AAT ST		22a. I certify that (I) (this haspital) attended the deceased from 19 80, and that in (my) (aur) apinian death accurred an the date	and hour and from the
# Property		causes stated abave, (I) (we) (did not) view the bady after death.	and made and train me
P S de	- 1	22b. SIGNATURE 22c. DAT	TE SIGNED C.
OR be r	1	Semand a of each het DEGREE PHYS. DIRECTOR DIREC	-1-86
AL OLD STORY BY			
RA PIT	/	22d PHYSICIAN'S REKNARD A FITZGERAL D 220. ADDRESS, NAME (Type) BERNARD A FITZGERAL D 220. ADDRESS, TY BLUDE, SIL	TATO BINGMI
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician to a shauld be detached far use as the burial-transit permit. Then plashauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval,	22		(6.1)
orgonal Sha	23	PEMOVAI (Specify)	(County) (Stote)
5-5	24	BURIAL APRIL 4, 1986 MOUNT OLIVET CEMETERY WASHINGTON, D.C. FUNERAL DIRECTOR FRANCIS J. COLLINS, APRESS  500 UNIVERSITY BLVD. WEST SILVER SPRING. MD.  DATE  APRIL 4, 1986 MOUNT OLIVET CEMETERY  WASHINGTON, D.C.  250. RECISTRAR 516  DATE  APRIL 4, 1986 MOUNT OLIVET CEMETERY  WASHINGTON, D.C.  1250. RECISTRAR 516  DATE  APRIL 4, 1986 MOUNT OLIVET CEMETERY  WASHINGTON, D.C.  1250. RECISTRAR 516  DATE  APRIL 4, 1986 MOUNT OLIVET CEMETERY  WASHINGTON, D.C.  150. RECISTRAR 516  DATE  APRIL 4, 1986 MOUNT OLIVET CEMETERY  WASHINGTON, D.C.  150. RECISTRAR 516  DATE  APRIL 4, 1986 MOUNT OLIVET CEMETERY  WASHINGTON, D.C.  150. RECISTRAR 516  DATE  APRIL 4, 1986 MOUNT OLIVET CEMETERY  WASHINGTON, D.C.  150. RECISTRAR 516  DATE  APRIL 4, 1986 MOUNT OLIVET CEMETERY  DATE  APRIL 4, 1986 MOUNT OLIVET CEMETERY  DATE  BOOK MOUNT OLIVET CEMETERY  BOOK MOUNT OLIVET CEMETERY  BOOK MOUNT OLIVET CEMETERY  BOOK MOUNT OLIVET CEMETERY	
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		25 4 5 K		3 SEX		4. RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN		IF UNDER		26 DATE		MONTH	H DAY	YEAR	24 HOUR
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	DIVISION OF VITAL RECORDS.	ULD BE EXECT "PENDING" EF MEDICAL EED AS A BUR HEALTH AND	REMAT	NO	PART 2 OTNER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PA	RT 1 (a).					- 700	
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	OF.	AEN HEN	0	CER		L CAUSE WAS	21b. TIME C		DAY YEAR	21c. HC	YANTAN MC	OCCURRE	D (ENTERN	NATURE OF IN	JURY IN ITEM	A 18 PART I OR	PART 2]		
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HMH- 16/60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

A CONTRACTOR OF THE PARTY OF TH

4-22-1986

DHMH - 16 60M 7/84 (VRA 15. 4)

Burial

24 FUNERAL DIRECTOR

Rockville. Md. Danzansky-Goldberg Chapels: 1170 Rockville Pike

STATE OF MARYLAND

Shalom Memorial Park Lower Moreland, Pennsylvania

COUNTY

STATE

2b HOUR

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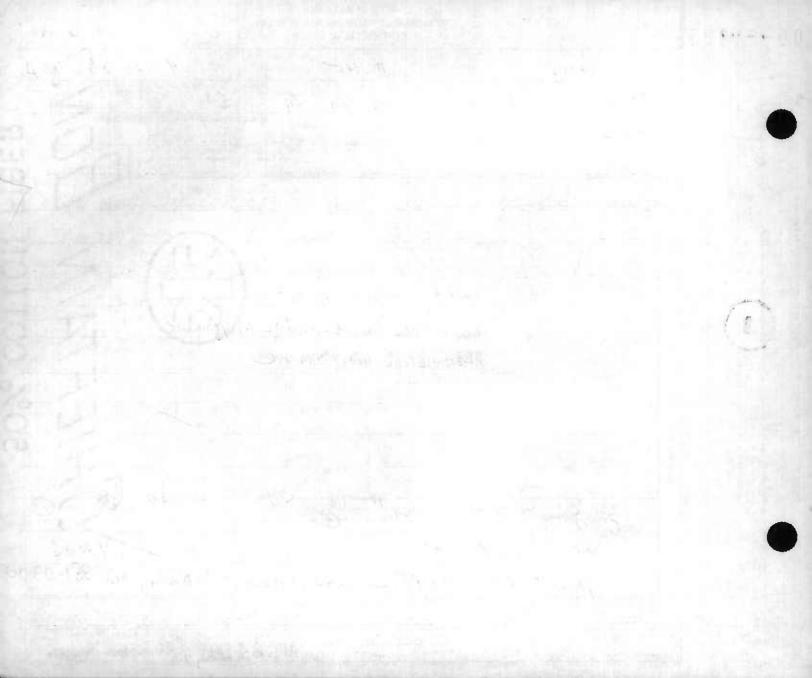
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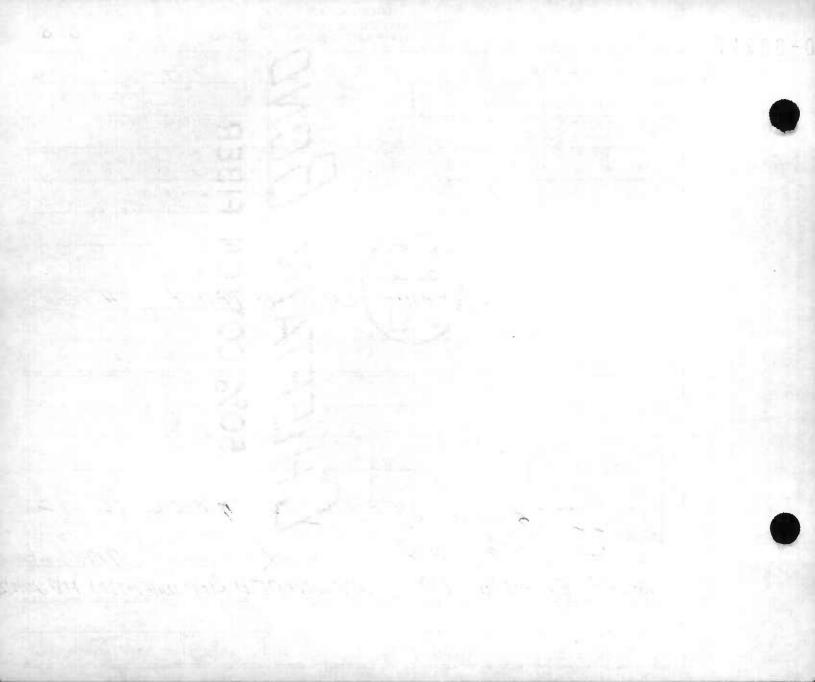
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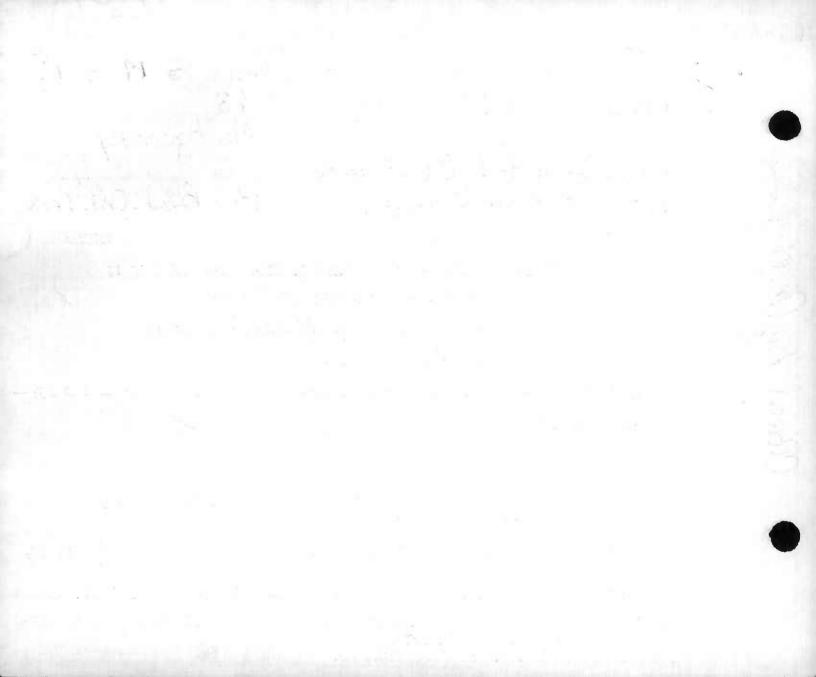


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DÉCEASED NAME KNOWN A 20. DATE 1240 (TYPE OR PRINT) OF ESTI-DIRECTOR YOUR FILES. IN 72 HOURS ames PLEASE 19 DATE OF BIRTH 3. SEX 4. RACE AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) 40 PRONOUNCED 74 YRS 86 4 12 DEAD 19 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) S. Va WIDOWED DIVORCED gomer 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION MIPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY DC Transi Bus Driver HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DRIVE Temple HIS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST J. Mills Harvey Virginia Hawes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) ( F YES, GIVE WAR OR DATES! No N/A 577-09-7461 Edna Mae Mills Same as 13A-E 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARKALAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (o. Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 20 AUTOPSY? NO X YES [ 216. TIME OF INJURY OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC. WHILE COUNTY AT WORK NOT WHILE AT WORK 220 I certify that I taak charge of the remains described above, held on Autopsy and in my opinion 20 death resulted from: Accident Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER AMINER'S NAME ADDRESS 1919 Seminary Rd. Sil. YPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION TWI NAME OF CEMETERY OR CREMATORY Buria! BP 041686 Cedar Hill Cemetery 750 DATE RECD. BY REGISTRAR 255, REGISTRAR'S SIGNATURE Y Land 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. Fulia Davidson Mandalle **DHMH-17** (VRAISME[5663B Old Alexander Ferry Rd. Clinton, Md 20735

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The Class of the C		saw the deceased alive an above, (I) (we) (did) (did not	yiew, the bady	y after death.	6_, and the	at in (my) (our) opinior	death occurled an t	he date and have	and from the co	ouses stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAMEVirgil Moffett 20. DATE KNOWN W MONTH Victor 26 HOUR OF ESTI-VICTOR 2d HOUR 5. DATE OF BIRTH IF UNDER 24 HRS SEMale DATE 0600 LAST BIRTHDAY) PRONOUNCED 10 05 DEAD 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. MN DIVORCED MONT GOMERY 28 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IO. CITY OR TOWN OF DEATH OR INDUSTRY U.S. Navy BETHESDA Officer 13a. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS BETHESDA MONTGOMERU WORTHINGTON 14 FATHER'S NAME Tela P. Spaulding Moffett James 17. INFORMANT 66. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Trene G. Moffett Same as Item # 13 533-07-2759 Yes. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) CAKDIO RESPIRATORY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which AR DIOMYOPATH gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION USED A NT OF HE 19a DATE OF OPERATION 20 AUTOPSY? YES [] NO 2 DEPARTMENT PRIOR TO BU 218. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEA UNDERLYING CONTRIBUTING CAUSE OF DEATH CAT AT WORK AT WOT WHILE 101116 TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFFER DEATH, WITH THE STANDER, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Inspection Natural-causes L death resulted fram: Suicide Hamicide Accident, Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 236. LOCATION 231. NAME OF CEMETERY OR CREMATORY STATE Arlington Cem. 07/84 24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc.
NAME 5130 WI Ave., NW Weish, DC 20016 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

negos 9.7 1.70 Evy anibluses. I tela stelles We II SS-07-0759 Trens G. Moffett Same as Item 13 17.95 Sarial 4/25/36 artington Com. Sign of Ave., 10 con., 2) 100.6

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MONTH 2b. HOUR Elmer Joy Morgan (TYPE OR PRINT) 20 01 5. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX MONTH Male White 1889 Dec. 11 TO BIRTHPLACE ISTATE OR FOREIGN COUNTRY 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Montgomery WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Editor-in-cheif NEA Magazine Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Montgomery Gaithersburg 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD 301 Russell Ave. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE John Wesley Nelson Jennie Morgan ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-44-2767 Marie S. Morgan Same as item # 132 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VIT AL RECORDS, CERTIFICATION tas1 5 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 220.1 certify that Dithis haspital) arended the deceased from sow the deceased glive on 19 sow the deceased alive on above (D(we) (aid) did not) view the bady after death. and that in any (our) opinion death occurred an the date and hour and from the causes stated 17h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIANS STATE 22e. ADDRESS Brookes Auc Guilhersburg mi 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE Cremation 4/23/86 Mt. Comfort Crematory Alex. 24. FUNERAL DIRECTOR Joseph Gawler's Sons. Inc. 250 DATE REC'D. BY REGISTRARIZSD. REGISTRAR'S SIGNATURE. DHMH - 16 50M 4/82 NAM5130 WI Ave. NW Wash., DC 20016 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME FIRST 20. DATE KNOWN X MONTH 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED  $\Box 4 - 6 - 86$ LEIGH Moshe] 4. RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DAY 2d HOUR 2c. DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED 4-6-86 2:28P 195 30 YRS DEAD 9 6 Male White 70. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Montgomery County WIDOWED New York U. S. DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY Cross Fospital Silver Springs Holy Bookeeping Accountant USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 20901 13a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN 1303 Forest Glen Road Silver Spring YES T NO X Maryland Montgomery 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kornhaufer Moshel Bernice Martin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS Silver Spring, Md. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Barbara Moshel 1303 Forest Glen Road 147-50-9495 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX CATE, WRITING CATE, WRITING FORWARDED TO THE PAGE 3 SHOULD B 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFFER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201 22a. I certify that I took charge of the remains described above, held on Autopsy death resulted fram: Natural causes X Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** DAssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 4-8-86 Old Montefiore Cemetery Queens, New York Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE DHMH - 17 Marzullo Funeral Service Upperco. Md. (VR A15 ME (5))

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Male White June 19, 1926 59	MONTHS DAYS HOURS MIN.									
76. BIRTHPLACE   STATE OR FOREIGN   76. CITIZEN OF WHAT COUNTRY?   8   MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR CO.   Maryland   USA   WIDOWED   DIVORCED   Montgomen	DUNTY OF DEATH									
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3 / 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS										
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-28-9250 Nondis I. Schley, 9 Ruxvi	ew Ct., Towson, Md									
18 CAUSE OF DEATH lEnter only one cause per line for (a), (b) and ic.  PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
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22a I certify that (I) (this hospital) attended the peceased from 19 10, and that in (m) (our) opinion death accurred an the date or obove, (I) (we) (did (did not) view the body after death.	nd have and from the causes stated									
276. SIGNATURE  DEGREE  ATTENDING TO MEDICAL STAFF PHYSICIAN IN DRECTOR	271. DATE SIGNED  Apr. 4, 1986									
272. PHYSICIAN'S NAME (TYPE OR PRINT)  272. ADDRESS  Repry N Rogenheum M D 3730 Forme cut Area Kone										
1730 RUPIAL CREMATION REMOVAL 1236 DATE 1237 NAME OF CEMETERY OF CREMATORY 1234 LOCATION	aridon' in									
BP Apr.6, 1986 Montgomery Meth. Damascus, M	lontgomery, Md.									
DHMH - 16 60M 7/84  24 FUNERAL DIRECTOR  DHMH - 16 60M 7/84  25a DATE REC'D. BY REGISTRAR 25b R										

STATE OF MARYLAND

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ALEXANDER S. POPE 2617 Pa Ave SE Wash DC

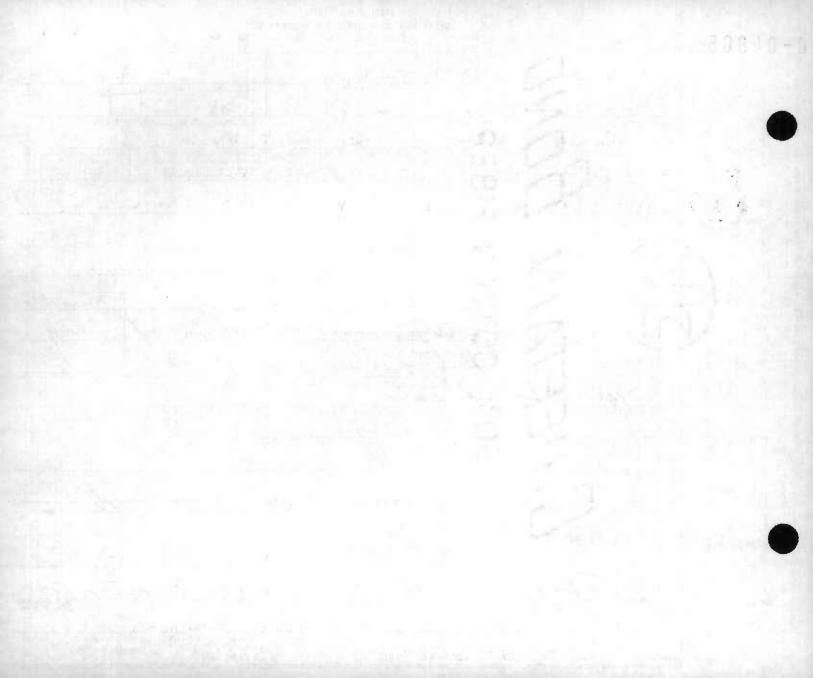
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR 86 IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST-OF WORKING LIFE) INDUSTRY 130 STREET ADDRESS / ZIP CODE LAST STEVENS ADDRESS Jessie Murphy, Jr. son-1322 Crockett Ln SS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 D 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO | YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNS STAFF DIRECTOR PHYSICIAN Franklin, Va

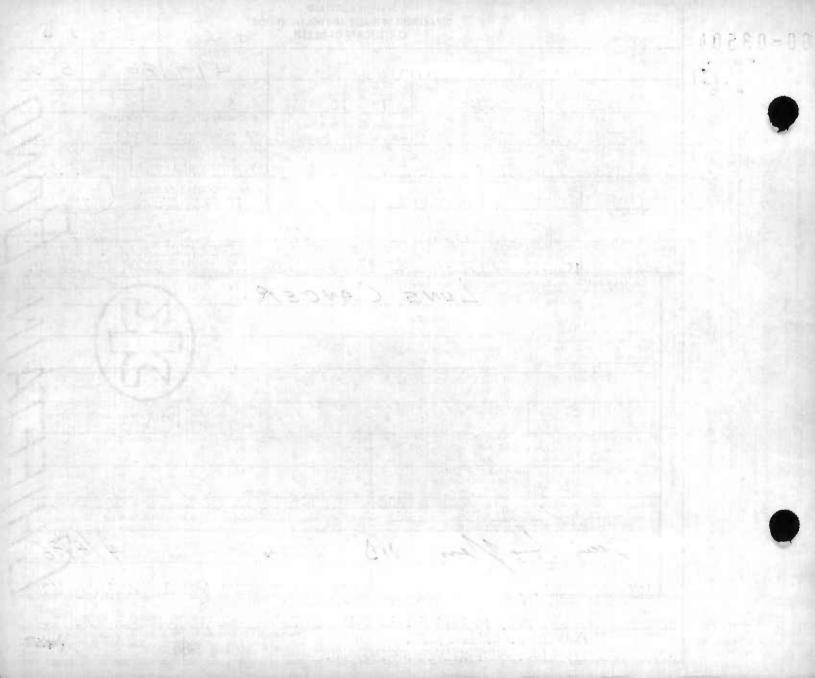
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STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR





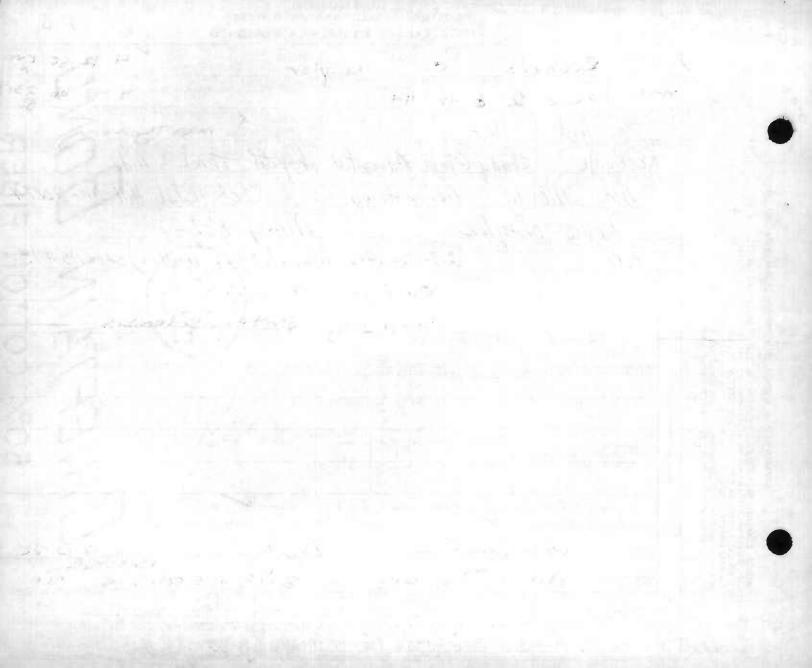
DEPARTMENT OF HEALTH AND MENTAL HYGIENE & STATE REGISTRAR DECEASED NAME KNOWN MONTH Nakahara OF ESTI-(TYPE OR PRINT) DEATH MATED 6 AGE (IN YEARS 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Orienta 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED ANEVER MARRIED Japan DIVORCED WIDOWED Resident IN CITY OR TOWN OF DEATH Grocer-Retired **Employed** 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1220 East West Highway IS MOTHER'S MAIDEN NAME 1. FATHER'S NAME MIDDLE LAST Unobtainable Unobtainable 17. INFORMANT ADDRESS PERMIT PAGE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Tsuruko Nakahara (Wife) Same as 13E None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIEN IL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION RWARDED TO ITE.

RPAGE 3 SHOULD BE USED TO STATE DEPARTMENT OF HEA 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M MONTH DAY UNDERLYING TOR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYON Accident D Suicide Homicide Undetermined manner death resulted fram: Netoral causes TITLE (SPECIFY) MEDICALEXAMINER SIGNATURE Dr. John S. Rogers 1919 Seminary Rd. S.S.Md. TYPE OR PRINT 230.8URIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Burial Ft.Lincoln Cemetery Brentwood PG Maryland 07/84 AV So. DATE REC'D. BY REGISTRAR 14 FUNERAL DIRECTOR Himes/Rinaldi 25M Julia Davidson-Randalle Silver Spring, Md. 2090 **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

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A A -	03952		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATE REG. NO.	
,			CEASED NAME FIRST	Richard C. Naylor 20 DATE KNOWN OF ESTI-	DAY YEAR 2b. HOUR
	ARY, PLEASE I DIRECTOR. YOUR FILES. NYZ HOURS		Kich	Lava C- Daylor DEATH MATED	15'86 BY
,	STATE	3. SE)		5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d HOUR
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	の作品日本	0. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK	126 KIND O BUSINESS OR INDUSTRY
	364日20日		Rockville	Shady Grove Haventist Hosbital Teachers Aide	OK INDUSTRY
5	2024	USUA 13a. S	AL RESIDENCE (IF IN NURSING HOM	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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8			Conditions, if any, whice gave rise to immedia		
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DIVISION OF VITAL RECORDS, 201	E SHOUL WORD "1	CERTIFICATION	Section 1		YES NO
9	CERTIFICATE SHITING THE WORDED TO THE CES SHOULD BE DEPARTMENT (FRICK TO BUT	3	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	(† 2)
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NS N	RITINGER REPED SE 3 SI	AED	21d. INJURY OCCURRED WHILE IN NOT WHILE	21e PLACE OF INJURY (ATHOME, 211 LOCATION  STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	INTY STATE
۵	WARD WARD PAGE TATE (	1	AT WORK AT WORK	COUNTY ON TOWN COU	STATE
	W & _ W .		22a I certify that I took cho	rge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my ap	INION
	EXAMINER: CERTIFICATION BE FOR L DIRECTOR: 4, WITH THE: MARYLAND		death resulted fram: Nat	urol couses . Accident . Suicide . Hamicide . Undetermined manner .	
	EXA CERT ULD ( ULD ( DIRE MAR)			TITLE (SPECIFY)	
	SHOUNT NEW YORK, N		ACTUAL SIGNATURE	M.D. WEST MEDICAL EXAMINER SIGNED	4-12-82
	054205		EXAMINER'S NAME	1 The Bette	-0-
	TO FULL FOR FOR FOR FULL FULL FULL FULL FULL FULL FULL FUL		(TYPE OR PRINT)	SAM JONDEY ADDRESS 8508 MIS CONTOIN	are
	DANG PERT	23a.Bl	Burial Burial		STATE
07/B4 25M	BP		JNERAL DIRECTOR	4-16-86 St. Marks Cemetery Boyds, Montg.	
	DHMH - 17		NAME	246 N. Washington St 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SI	GNATURE
	(VR A15 ME (5))		George R. Sno	owden Rockville, MD 2085 AR 16 1938 Alle Suiden	Honora
					er comment



	1			STATE OF MARYLAND		
02633	1	FOR - STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE 8 6 REG. NO.	1994
0.203.3		CEASED NAME FIRST ROPERINT	MIDDLE	ichals	20. DATE OF DEATH MONTH	2-86 7127 AM
	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Source Contract	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	3 22 03	9 BALTIMORE CITY OR COUNT	TY OF DEATH
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17 62	10 0	Silvey Soring	11. NAME OF HOSPITAL, NURSING	DDRESS)	(TYPE OF WORK FOR MOST OF WORKING	- Truccharto
11 1	USU I3n		ROTHER INSTITUTION, GIVE VESIDENCE BEFORE A	DMISSION	1	Mens Store
145	Ma		gomery Silver Sp		1135 University	Blva. W. #1206
11/15	1	Leonidas	Nichols	FIRST	WIDDLE	McQuinn
P.E. 3 /	160	WAS DECEASED EVER IN U.S. A			ADDRES 208	St. Lawrence Dr.
97 1		Yes 19	20-21 578-14-39	17 Donald L. Ni		Spring. Md. 20901
popular popular popular ent. the		PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), and ED BY: TE CAUSE (a)	and the Auto		BETWEEN ONSET AND DEATH  Y Chows
that the death con- id by the attending lease remove stribe no), cremation, or ea or other traumatic e		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENT TO DE TO, OR AS A CONSEQUENT TO DE CONDITIONS CONTRIBUTING TO DE	obstructed lung	discuse	years.
s been sign	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH C		20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
inficate ha I-transit pe al Hygiene n. 18 shaw		21a, ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING ( CAUSE OF DE	ATH HOUR A.M. MONTH DAY	YEAR 210 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	(ES NO NO PART 2)
er this certification is the burial-t and Mental ked or them.	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK	R) P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FAR	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDING aspital or a ECTOR Afred for use as it. of Health and 1 is mark		220.1 certify that (1) (this hasp	ital) attended the deceased fram	6, and that in (my) (aur) apinian	death accurred an the date and ha	, 19_36, that (1) we) last
y the haspit (AL DIRECTO detached for ate Dept. of II: If Hem 21		22b. SIGNATUI	S Rosen No)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
retained by th TO FUNERAL should be deter with the State		22d. PHYSICIAN'S NAME (TYPE	Rosen	220 ADDRESS Silver	Spring, M	2
ē ⊨#3 ¥	23a.	BURIAL, CREMATION, REMOVA		ME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
3P		Burial	Apr. 4. 1986 Arl	ington National	Arlington	Virginia
MH - 16 60M 7/B4			is J. Collinsuss Jr		TE REC'D. BY REGISTRAR 256 REGIS	English was continued
(VRA 15, 4)	50	O University Bl	ud. W. Silver Sr	pring. Md. AP	R O 4 1986	rundion-hindelle

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1173 Induces tentent MAR. 1126

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		(	ERTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT) FLAV	IA 1	LEE NIC	CHOLSON	APRIL 21, 1	986	3:50p <sub>N</sub>
3. SEX	4. RACE	5.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Caucas	ian	Oct. 24, 1922	63 YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT Montgomery	Y OF DEATH	MD
Chevy Chase	(IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET ADDR Conneticut	Ave, #C-303	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	LIFE) INDUSTRY	OME
	tgomery	GIVE RESIDENCE BEFORE ADM 13¢ CITY OR TOWN ChevyChase	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COR 8101 Conn Ave.	20815	
14 FATHER'S NAME FIRST WILLIAM	MIDDLE E	Last	15. MOTHER'S MAIDEN N. FIRST Madelin	WIDDLE	Sh:	ields
160 WAS DECEASED EVER IN U.S NO (1878)	. ARMED FORCES? S, GIVE WAR OR DATES)	218-20-20		ADDRESS Ticholson Same as	item #	13
18 CAUSE OF DEATH LENT PART I. DEATH WAS CA	LICED OV	Cerebral H			Apri Apri	mate interval onset and death 1 20
		R AS A CONSEQUENC	E OF		0-4-	1 100

Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.

Metastatic disease to the brain

DUE TO, OR AS A CONSEQUENCE OF

October, 1985 March, 1985

Lung Cancer

PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	
19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NOX	INGS USED S OF DEATH?	
270. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUI		YES	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OMN COUNTY	STATE
22a 1 certify that (I) (this haspital)	attended the deceased fram March	19_85		1 19.86	that    (we)

saw the deceased alive an April 20 abave (#) (we) (did) (did nat) view the bady after death 1986

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

220 DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 4/22/86

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Paul V. Woolley, III, M.D.

22e ADDRESS Lombardi Cancer Center, Georgetown Hospital

230. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY

(SPECIFY) Cremation 4/23/86 Mt. Com
24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc.
NAME 5130 WI Ave. NW Wash., DDC 20016

Mt. Comfort Crematory

Alex. VA

COUNTY

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

or other

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 5 GNATURE

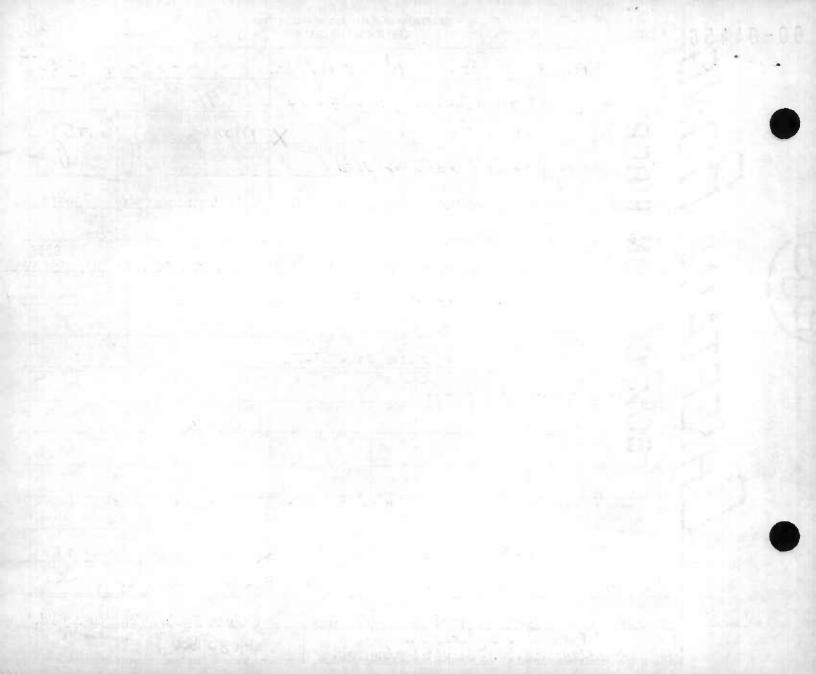
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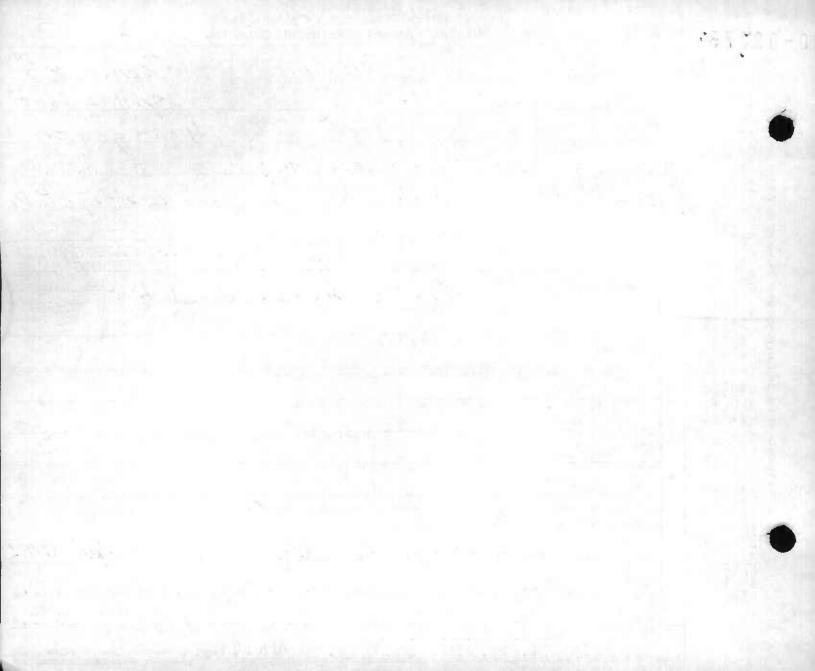
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pog r de	3. SEX		4 RACE		S. DATE C	FBIRTH		6. AGE (IN YEARS LAST BIRTHO	(AY) IF L	UNDER ) YEAR IF	UNDER 24 HRS
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The day		Y OR TOWN OF DEATH	11. NAME OF	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 170. KIND O (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					126 KIND OF B	USINESS OR	
5.2	USUA	TATE 13b.	OME OF OTHER INSTITUTION	STUT RESIDENCE BEFORE	ADMISSION)	-					
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1		THER'S NAME		1 Carenore		15. MOTHER'S MA	IDEN NAM	\E	TA.		
THE TO		Augustus W.		Norris		E11er		G.		Lan	ie
14 37		AS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	,		- 124
Thopas	(1	ES NOOR UNKNOWN) (IF Y	YES, GIVE WAR OR DATES)	025-09-12	279	Mrs. Ann	C. N	orris, Wife,	Same		
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by the		cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF									
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has per per pane pane pane pane pane pane pane pane	LIFIC							YES XX NOT	VESX YES	NG CAUSES OF	P DEATH?
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Dar H	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOWN		COUNTY	STATE
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for a of H	178	saw the deceased ali abave, (I) (we) (did) (did)	ive an 4 /	ofter death	66,0	nd that in (my) (aur)	) apinion d	eath accurred an the date	and havr a	nd fram the co	uses stated
hed ept.		22b. SIGNATURE	1			DEGREE				22c DATE SIG	SNED
ZAL D detect ate D 47: If I	9.	mu	Muhulan books M. D. ATTENDING MEDICAL STAFF 4/3/86								186
FUNERAL old be det of the State ORTANT:		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS 1	9231	Montgomery '	Villag	ge Ave.	
TO FUNERAL I should be deta with the State (IMPORTANT: If		Michael	A. Bologne	ese, M.D.		G	Gaithe	rsburg, Mar	yland	20879	
£ ##3 \$	23o 8	URIAL, CREMATION, REM	OVAL 236 DATE	23¢ N	AME OF C	EMETERY OR CREM	MATORY	23d. LOCATION		OUNTY	STATE
P		Burial				Heaven C	Cemete	ry Silver	Spring	, Mary	Land
M - 16 50M 4/82	24 Ft	INERAL DIRECTOR Rot	ert A. Put	nphrey Fu	neral	Homes,	250 DATE	RECO BY BEGGERAR 25	REGISTRA	RESIGNATUR	والالمام
(VRA 15, 4)	P.	A., 300 W. M	Montgomery	Avenue,	Rockv	ille, MD.	107087	- 4			A



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHD REGISTRAR I. DECEASED NAME 20 DATE KNOWN E OR PRINT! OF ESTI-DENNIS SEX 4 RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED MALE 14 NOW. 43 YRS LE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED ILLINOIS USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION PRESIDENT M.A.S.A VICE OINFY RESIDENCE BEFORE ADMISSION 136 COUNTY won 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST MARGARET FINAN 120906 APT. 43 SILVER SPRING, MD DIVISION 334-36-5338 CORRIGAN 14104 WEFPING WILLOW 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES [ 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 220 I certify that I taak charge of the remains described above, held on ond in my opinion PAGE 4 SHOULD BE FOUND TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTMORE, MARYLAN Undetermined manner TITLE (SPECIFY) SIGNATUR EXAMINER'S NAME JOHN S. ROGERS ADDRESS 1919 SEMINARY TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL APR. 15,1986 GATE OF HEAVEN CEMETERY SILVER SPRING MO NTGOMERY MD. 07/84 25M 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 500 UNIVERSITY BLVD. WST. SILVER SPRING, MD. (VR A15 ME (5)) from the good- Mandalat



							STAT	OF MARYLAND						
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	you do	3. SE)	(		RACE		5. DATE C	OF BIRTH	6. 4	AGE IN YEAR	RS LAST BIRTHDA	Y) IF U	NDER TYEAR	IF UNDER 24 HRS
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	or or or of He		sow the decease	d olive on_		1 m	1/	nd that in (my) (aur	r) opinion deat	th accurred	on the date a	and hour or	d from the	couses stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH MONTH 26 HOUR DECEASED NAME YEAR TYPE OR PRINTI Marie O'Flahertv 86 A. 10:16RM 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR Female Caucasian 09 76 YRS. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery County, United States | WIDOWED IX Pennsylvania 12a USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTADARTEMENT IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Resident Manager Bethesda Suburban Hospital Building USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 9612 Duffer Way 20879 YES Z Gaithersburg Maryland Montgomery 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Alice MIDDLE Gill'in Emil Schroeck W. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) same as 13e Marie B. Craig daughter 217-34-0185 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. amine PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, ATION IN DATE OF OPERATION IN CONDITION FOR WHICH OPERATION WAS PERFORMED 78e AUTOPSY? 7th, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? THE HOW INJURY OCCURRED. (INTERNATURE OF PARTY PARTY IN PARTY OF PARTY) TIM ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR AM. MONTH DAY YEAR OR CONTRIBUTING [1] CAUSE OF DEATH Medi OF EITHER NOTIFY MEDICAL EXAMINER. PM 19 TIA INJURY OCCURRED 71e PLACE OF INJURY TH LOCATION CITY OF 10WH COUNTY STATE AT HOME STREET, FACTORY, OFFICE, MAN 27s.1 certify thosel my) (a) apinion death accurred on the date and hour and from the causes stated 77E SIGNA The DATE ATTENDING MEDICAL STAFF 22d PHYSICIAN'S NAME THE CHEMIT 27e ADDRESS should by 8218 Wisconsin Ave. Bethesda, Maryland J. Blaine Fitzgerald, M.D. 0 236 LOCATION 231 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Gate of Heaven Cemetery Silver Spring Maryland 10, 1986 BP 24 FUNERAL DIRECTO Robert A. Pumphrey Funeral Homes, P. A 250 DATE REC'D. BY REGISTRAN 250 REGISTRAN DHMH - 16 50M 4/83 300 West Montgomery County, Rockville, Maryland (VRA 15, 4)

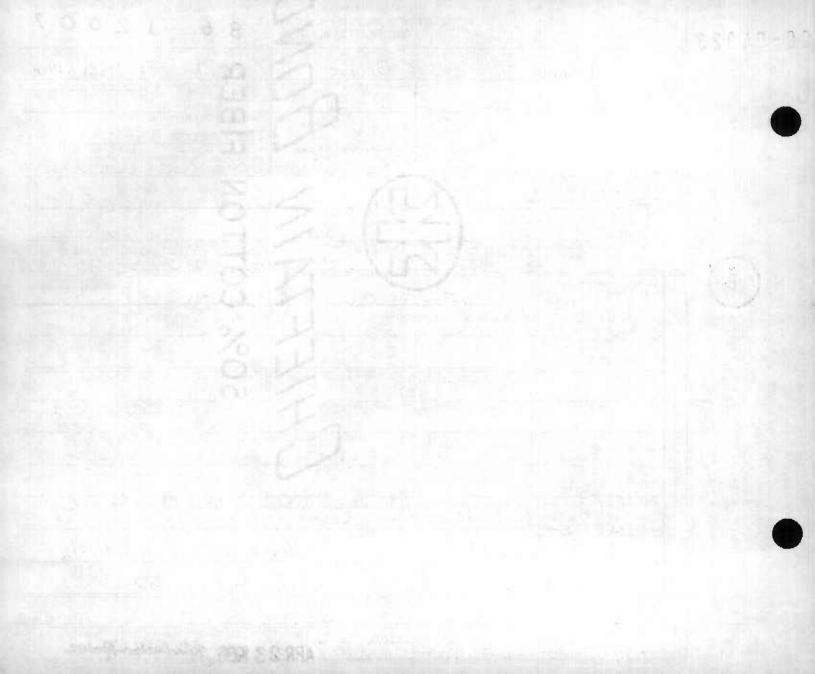
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STATE OF MARYLAND



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(VRA 15, 4)

4/17/86

Lincoln Memorial Cem.

Suitland, Prince Georges, Md. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Washington.DC McGuire Funeral Service 7400 Georgia Ave. N. W. nien secreta iva. 720 ; 10910

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

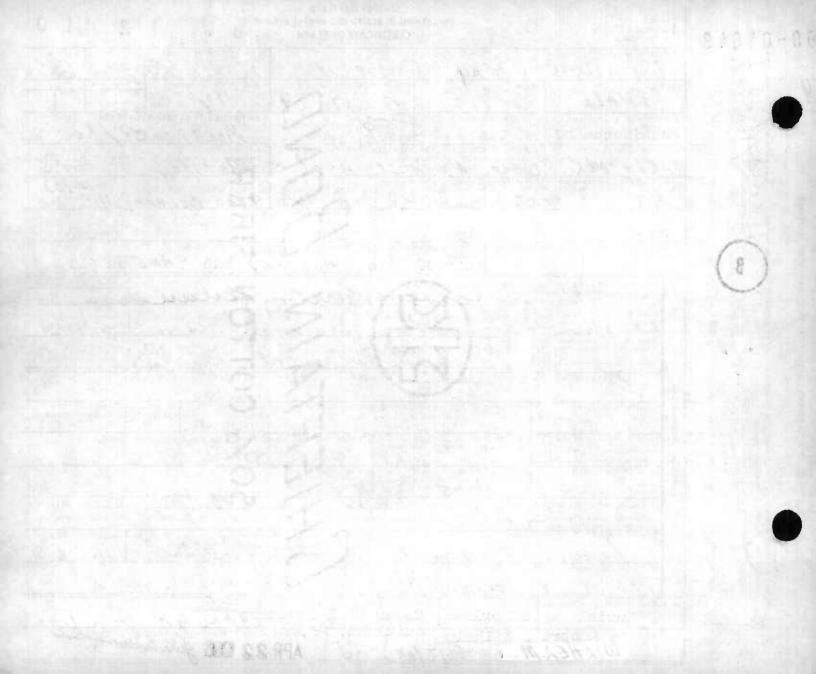
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-	REGISTRAR				CERTIFIC	MIL OI PENI		REG	. NO.			
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dico	(YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	7 INFORMANT		8619	Raybur	n Roa	d, '	
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ŧ T	18. CAUSE OF DEA	ATH (Enter an	ly ane cause per	line for (a), (b), and							PPROXIMAT	ET AND DE
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8 shows ony injury, pre	PART 2. OTHER SM	GNIFICANT C	196 COND	ITION FOR WHICH	DEATH BUT N	WAS PERFORMED	)	20a AUTOPSY?	206 IF Y	YES, WERE F TIFYING CA YES	INDINGS JUSES OF	DEATH?
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	PART 2. OTHER SIGN  19a DATE OF OPER  21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d INJURY OCCU WHILE AT WOR.  22a I certify that sow the decea obave, (I) (Me)	GNIFICANT C	IPB COND  ITH COND  ITH PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  FARM, EIC )	WAS PERFORMED  21c. HOW INJURY  21l. LOCATION STREET  19. that in my) (our)	OCCURRE	200 AUTOPSY? YES NO (	206 IF Y IN CER IN IN ITEM I	YES, WERE F TIFYING CA YES 8 PART I OR PA COUN	INDINGS OF NOTE OF THE PROPERTY OF THE PROPERT	STATE  STATE  (I) (we)  pses states
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 1. DECEASED NAME Za. DATE K%CWN THE OR PRINTS OF E 5 FOR YOUR FILES.

D, WAILHIN 72 HOURS

W, PRESTON STREET, DEATH MATE SEX 4 RACE 6 AGE (IN YEARS IF LINDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 6 70 BIRTHPLACE MARRIED NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY GOVT. USUAL RESIDENCE (IF IN 13a STATE 138 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE CLARA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - IRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RAI, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION ARE UNIVERSITY OF THE WORD FLAN ORWARDED TO THE CHIEF ME NR. PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEA UD. 21201 PRIOR TO BURBAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 216. TIME OF INJURY 71a, EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY LATHOME 71d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM ETC 1 STREET CITY OR TOWN WHILE AT WORK COUNTY STATE TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BAUTIMORE, MARYLAND, 2 Inspection > 220. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my apinian Accident death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) John S. AMINER'S NAME Rogers Seminary Rd., S. S., Md TYPE OR PRINT ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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STATE	OF M	ARYLAND
STATE	OF M	ARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	REGISTRAR							REG. NO				
	EASED NAME	FIRST		MIDDLE	1	AST	2	a DATE OF DEATH	HIMON	DAY YEAR	26 HO	UR
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on t wint) [	Gertru	de	F.	Per	eira		Ap	r. 1	13 1986	3:3	0 a <sub>M</sub>
3 SEX			4 RACE		5 DATE C		6	AGE (IN YEARS LAST BIRTH	(DAY)	IF UNDER 1 YE		R 24 HRS
4	emale		White		Mar	ch 6 19	oî	85	YRS	MONTHS: DA	S HOURS	MIN.
7a. BIR	THPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARI	PIED 1	BALTIMORE CITY OF			13.3	
	w York		U.S.		WIDOWE	DE DIVOR	CED 🗌	Montgomery Cou			inty MD.	
Ro	ckville		Potoma	c Valley	PITAL, NURSING HOME OR OTHER INSTITUTION THUY, GIVE STREET ADDRESS) Valley Nursing Home				WORKING I		of Busin	
13a ST		136 COUN		GIVE RESIDENCE BEFORE  134 CITY OR TOWN  Roc kvill	N	13d. INSIDE CITY L YES 🔼 NO	IMITS?	36 STREET ADDRESS / 199 Rollin	ZIP COD	enue/2	0852	
14 FAT	HER'S NAME August		MIDDLE	Kahlme	yer	15. MOTHER'S MA	DEN NAME	MIDDLE		Kri	edler	
	AS DECEASED ET		MED FORCES? (E WAR OR DATES)	118-22-0		Henry A	. Mor	an Rockvill	evilwe, M	vood Dr Iarylan	ive d 208	54
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	270 1 certify that (4) (this hospital) attended the deceased from 5 24, 19 to 4.3-11 sow the deceased alive of 4-72-19 ond that in (my) (evc)-opinion death occurred on the date and hour indicates, it is in the first of the fir								27c. DA	that 40 he causes so TE SIGNED 13/86	toted	
(SF		nation	4/14	/86 C	edar 1	EMETERY OR CREA	_ , -	Suitland, N	Iary!	land	J.C.	STATE
133	NERAL DIRECTOR  NAME  ROC KV	Tysor Tille Pik	Wheele e Rock	r Funeral ville, Mar	Homyland	e, Inc. 20852	250. DATE R	REC'D. BY REGISTRAR 2	SIE REGIS	TRAR'S SIGN		, Shar

DHMH - 16 60M 7/B-(VRA 15, 4)

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STATE OF MARYLAND	
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	ILC. 110.					

3380	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 3 S	12	0 1 3
A		Theod		-	ezkins	20 DATE OF DEATH  APRIL  6. AGE (IN YEARS LAST BIRT)	9 198	YEAR 26. HOUR  BU DE PARTE DE LINDER 24 HRS
or soft	1. SE	Male	4. RACE White	5. DATE (		88	YRS MONTHS	DAYS HOURS MIN.
1	l7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOWI	D NEVER MARRIED DED DIVORCED	MONTGOH	1	DUNTY ME
188	5	TY OR TOWN OF DEATH	IT. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET)		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired	WORKING LIFE) INDL	(IND OF BUSINESS OR JSTRY JS Govt.
35	130. 5	STATE 136 COUR	NOTHER INSTITUTION GIVE RESIDENCE BEFORE  NTY   13c CITY OR TOV  Somery Silver S	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 702 Venice		20904
ond 2 si	14 FA	THER'S NAME FIRST  John  V	MIDDLE LAST V. Perk	ins	15. MOTHER'S MAIDEN NAM	WIDDLE	Scar	lett
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g physicio ionpopers removal. event, the		PART I. DE ATH WAS CAUSE	nly one couse per line for (o), (b), or ED BY: TE CAUSE (o)		stive Heart			APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
by the ottenain ase remave corb il, cremation, ar- other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (c)	वास्या	oscuatoric H	EXET DISE	150	YEARS
Then ple r to buric injury, or	NOI		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or cond	ITION GIVEN IN P	ART Ito
nos perent ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES [	FINDINGS USED AUSES OF DEATH?
ol-tronsintol Hyginal B sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	AIR	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PART I OR P	
s the burn and Mer	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	Friam, ETC.)	2H. LOCATION	CITY OR TOW	N COU	INTY STATE
for use of Health		22a.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no	of view the body at the deceased from	8L_0	nd that in (my) (our) apinion o	death accurred on the do	19 S te and hour and lice	that    (we) last am the causes stated
AAL DIRECTOR OF THE PROPERTY O		226. SIGNATULE	4	MD		MEDICAL STAF		H 9 86
MPORTANI		ARNOLD C	LEVY M.	۸,	220 ADDRESS 1106 SILVE	spring st r spring		20910
	23a E	SURIAL CREMATION, REMOVAL			lemetery or crematory Vashington	Adelphi		Georges M
16 6044 7/84	竹打	hes/Ridaldi Fur	peral Home 1180	O N.H.	Ave. 25a. DATE	REC'D. BY REGISTRAR	Sh. REGISTRAR'S SI	GNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Silver Spring, Md.

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00 04075	1.	FOR STATE		DEPART		EALTH AND MENTAL HY	GIENE	6	120	14
00-04675		REGISTRAR				ICATE OF DEATH		REG. NO.		
m.e		CEASED NAME FIRST	1	MIDDLE	L	AST	20. DATE C	F DEATH MONTH	DAY YEAR	2h HOUR
1 11		Joseph	r	LEO P	erLn	witter		4-	18-86	7:55AM
A 2 4 1	3 SE		4 RACE		5 DATE C	DAY YEAR		YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
- B - B - C	1	MALE	WHI	Te	7	24 1916	60	YRS.		
4 4 AV	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIM	ORE CITY OR COUNT	TY OF DEATH	
1 1270	Ma	ssachusetts	USA		WIDOWE		Mont	gomery		MD.
1 1 2 0	10. C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION		OCCUPATION RK FOR MOST OF WORKING	126. KIND OF	BUSINESS OR
5 1 13 M	Si	lver Spring	HOLY	ross Host	oital			sman (ret)	Liquor	-Wholesa
1 1 11	LISU 13a	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	N GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	12. STREET	ADDRESS / ZIP CQI	DE	
8 4 100			omery	Silver S			2910	Radius Rd	.,/20902	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ATHER'S NAME				15 MOTHER'S MAIDEN NA				
1 11 /50	V	Herman	MIDDLE	Perlmutt	er	Ida		WIDDLE	Gross	
1 7 17		WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECT		17 INFORMANT	100	2910 Radi	us Road	
OW 1 10 7/		YES, NO OR UNKNOWN) (IF YES, GIV	TT	101-07-4	4615	Alice Perlm	itter	Silver Spi		20902
	-					111100 1011		D2=10= -p-		NATE INTERVAL NSET AND DEATH
" ( h )		PART I. DEATH WAS CAUSED BY:								
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ding ding buric Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		P.M. E OF INJURY	19	211 LOCATION				
IVISIG	AE .	WHILE NOT WHILE IT		TREET, FACTORY OFFICE	FARM, ETC }	STREET		CITY OR TOWN	COUNTY	STATE
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OR: OR: F He		saw the deceased alive an	4-1	7 - 10	86 .01	nd that in (my) (aur) apinian	death occurr	ed on the date and he		
RECT ed feed fem 2		abave, (1) (we) (did) (did no 22b. SIGNATURE	t view the bad	ly after death		DEGREE	-		22c. DATE S	
ok ho hos he		Torus P-Ko	P	af	21	ATTENDING	MEDICAL	STAFF	41	18/8%
PITAL by t ERAL Stot	1	22d PHYSICIAN'S NAME (TYPES	OR PRINTS			PHYSICIAN M	DIRECTOR	PHYSICIAN		100
HOSPITA and by the Stote of the		Tony KA	NNA	RKAT	7	8201	16/1	5/-5	. S. MI	\$ 20910
TO HOSPITAL retained by the TO FUNERAL should be det with the Store IMPORTANT:	22-				NAME OF C		23d LOC	ATION	Las	
	230	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	CIT	YORTOWN	COUNTY	STATE .
BP	24 5	Burial UNERAL DIRECTOR	4-20-8			non Mem. Parl		attsville		ryland
DHMH - 16 60M 7/84		NAME	. Man	1170	) Rock	ville Pk	2219	REGISTRAR NE REPE	Vidoor I	
(VRA 15, 4)	Da	nzansky-Goldber	g Mem.	ULIDS . Rock	77111c	Md20252	20 10			

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oy be og be deoth		CEASED NAME FIR HIL	LIARD	ANDREW	APRIL 17,		YEAR	26. HOUR 1:30 a		
ge 4 moy	3. SE	MALE	4. RACE	WHITE	JANUA	ARY 16, 1943	6 AGE (IN YEARS LAST BIRTH	YRS IF UNI	DER I YEAR	IF UNDER 74 HRS
nerol dir.		IRTHPLACE (STATE OR FOREIC COUNTRY)  NEW YORK	N 76 CITI	USA  11. NAME OF HOSPITAL, NURSINI (IF NOT IN SUCH FACILITY, GIVE STREET A  CLINICAL CENT		D NEVER MARRIED D	I WILDIN'T CHINERY CLININ'TY			MD.
by the fu	10. C	BETHESDA	(IF N				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDI		DUSTRY	BUSINESS OR GOVT
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on ond co		WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	S. ARMED FO	DATEST	1 SECURITY NO.	MRS. KAYE P	ICKUS (WIFE)	ss same	as a	ibove
event, the		18 CAUSE OF DEATH ! Enter only one couse per line for 101, 161, and 10-1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CARDIOPULMO NARY ARREST  ARREST								MATE INTERVAL DINSET AND DEATH
oumotic	1	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  (b) PERSIST VEGATATEVE STATE  DUE TO, OR AS A CONSEQUENCE OF  (c) HYPOTHALANIC ASTROCYTOMA.							3-5	MONTH
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SICIAN: ng physicerrifico uriol-tror lentol Hy hem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH	. TIME OF INJURY OUR A.M. MONT P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART ?)	SUAL
NG PHY offending free this os the bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE [		PLACE OF INJURY HOME STREET, FACTORY, (		211. LOCATION STREET	CITY OR FOW		OUNTY	STATE
ATTENDI Spirol or CTOR. A for use a for use n 21 is m		220.1 certify that XI) (this sow the deceased of above XI) (we) (did) XI	hospital) atte ve an Ap	r. 17,	19 86 . 01	nd that in (Ny) (our) opinion	, toApr I deoth occurred an the da			that (X(we) lost
ITAL OR by the hor RAL DIRE detoched date Depth of the De		Sichare	eat	Trazelle	מדת ?	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	F IAN (X	4/1	7/86
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	230	BURIAL, CREMATION, REM	OVAL 236 C	DATE	130 NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

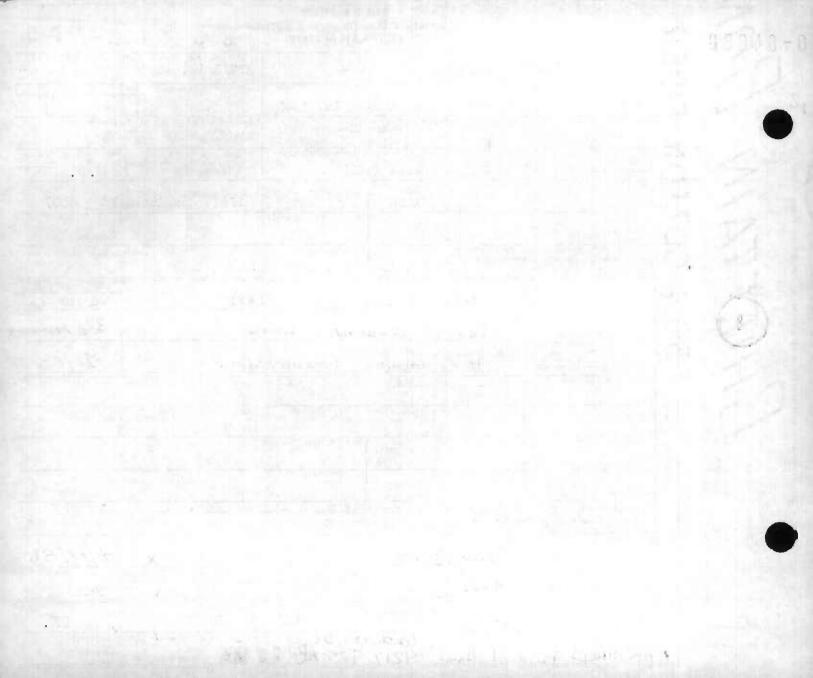
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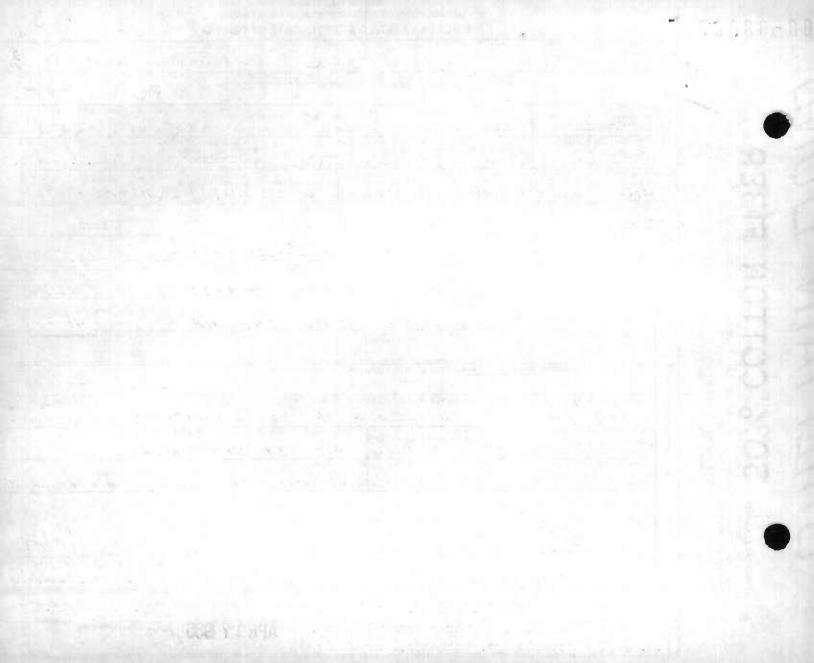
SAXTON

 $\mathbf{PA}_{\bullet}^{\text{STATE}}$ 

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 03867 MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME 20. DATE KNOWN D MONTH FE OR PRINT ESTI-DEATH MATED 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED Male Caucasian Dec. 18 67 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY)
Pennsylvania United States WIDOWED DIVORCED 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Attorney U.S. Gov't. 13a STATE 113b COUNTY 13d INSIDE CITY/LIMITS? 13e STREET ADDRES WMEATON MONTGONOR 14 FATHER'S NAME 5. MOTHER'S MAIDEN NAME MIDDLE FIRST Julia Vincent Piczak Sleva 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Mary Piczak (Wife) Same as # 13e. 20902 206-10-6780 WW II Yes 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ARDIO RESPIRATORY 12 HV DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA CERTIFICATION USED AS 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PRACE A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENTOF HE BALTIMORE, MARTHAND, 21/201 PRIOR, TO BUBBIAL, ESSION YES NO 4 CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) SMEET WHEATON MONTES MORYHI 220. I certify that I taak charge of the remains described above, held an Autopsy Hamicide Undetermined manner EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR April 16,1986 St. Mary's Nativity Plymouth Twp. 07/84 Robert A. Pumphrey Funeral Homes. 250 DAPR 187 1986 25 BECHEN APRIL 1986 APRI 25M 24. FUNERAL DIRECTOR **DHMH - 17** P.A. 7557 Wisconsin Ave. Bethesda, Maryland. (VR A15 ME (5))



1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	1	2	
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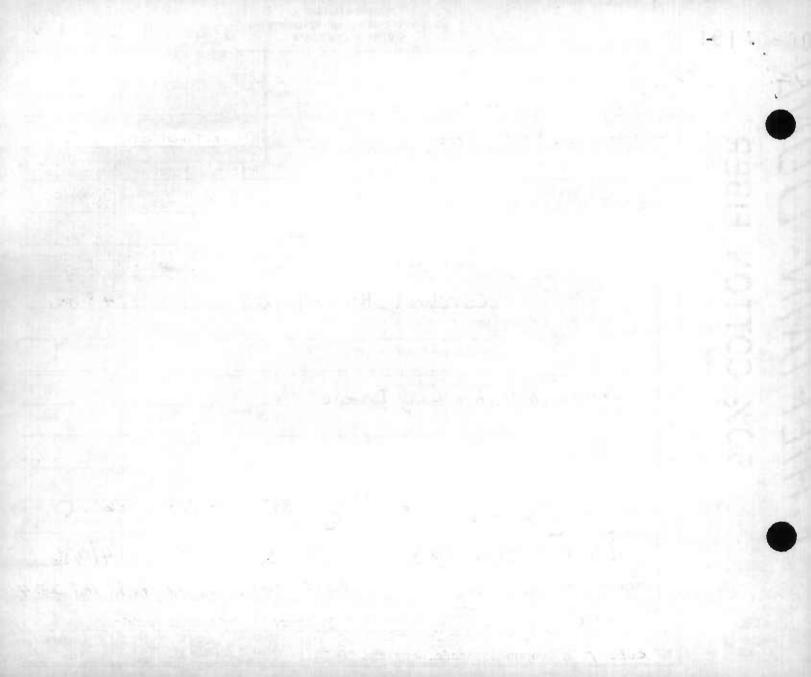
REGISTRAR				CERTH	ICAIL OF DEATE	1	REG. N	0.		
1. DECEASED NAME	FIRST		MIDDLE		LAST	1	20 DATE OF DEATH	MONTH D	AY YEA	26 HOUR
(THE ORPRINT)	Catha	rine H	larper	Poppe			April 18.	1986-		10:05pr
3. SEX		4 RACE		5. DATE			AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
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70 BIRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIE	9	BALTIMORE CITY		OF DEATH	
Washington	D.C.	United	States	WIDOW			Montgomer	v Cour	tv Mar	vland M
10 CITY OR TOWN OF	EATH	11. NAME OF			OR OTHER INSTITUTIO		12a USUAL OCCUPAT	ION		OF BUSINESS OR
Bethesda		Sub	urban Ho	spita	1		Writer/Edi		Gover	
JSUAL RESIDENCE HEN	13b COU		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIM	ITC2 II	2. STREET ADDRESS	/ 710 CODE	0222	Foot
Maryland		gomery	Bethesda		YES NO		Parkhill	Drive	20814	Last
TI FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID	EN NAME				
Julius		MIDDLC	Harper		Cathar	ine	WIDDLE		Tal	1ev
WAS DECEASED EV		RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	thari	ine Poppe	55,20 P	onhura	t Court
No	(11 125, G1	VE WAR OR DATES)	577-10-6	507	Gaithersb	urg.N	Maryland 2	0379 (	Daught	er)
18 CAUSE OF DE	ATH (Enter o	nly one couse per	line for 10), (b), an	d ic						ONSET AND DEATH
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underlying cou	iting the	DUE TO, O	R AS A CONSEQUE	ENCE OF						
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190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	ERATIC	ON WAS PERFORMED		200 AUTOPSY?		, WERE FINDI	
T I							YES NOK		S 🗌	NO 🗌
00.00.100.00110.0010	L		M. MONTH D	AY YEAR	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
UIF EITHER NOTIFY MI	EDICAL EXAMINE	R) P.	M.	19						
(IF EITHER NOTIFY MI		21e PLACE	OF INJURY REET FACTORY, OFFICE, F	ARM ETC )	211 LOCATION		CITY OF TO	NW(	COUNTY	STATE
Mulife NO	WHILE D									
220.1 certify that	(this hosp	ital) attended th	e deceased from_	6	, 19_	85	_, to4 / '			that (1) (we) los
sow the dece abave (1) (we	sed olive or (did) (did ni	thew the body	after death.	. 0	nd that in my) (our) a	pinion de	oth occurred on the d	ate and hour	and from the	couses stated
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1-00	ut	T BU	e m			IAN X	MEDICAL STA	IAN	411	9/86
224 PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e ADDRESS			0	A. IN	
Robert	H	Blee	mn		8218	Wi	isconsin B	hen Ke	th. m	rel 208/4
23a BURIAL, CREMATION	N, REMOVAL	23b DATE A	pril 23c M	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION	-		
Buria	1	23.		edar 1	Hill Cemet		Suitland	d, Mar	yland	STATE
24 FUNERAL DIRECTO	lobert	A. Pump		eral l	Homes PA 2	Sa DATE	REC'D. BY REGISTRAR	256 REGISTR	RAR'S SIGNAT	URE
7557 Wiscor	sin A	venue Re	thesda Ma	rvla	nd 20814	AP	R211986	7 www. Co	William-E	1.0

7557 Wisconsin Avenue Bethesda, Maryland 20814

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If Item 21 is morked or Item 18 shows



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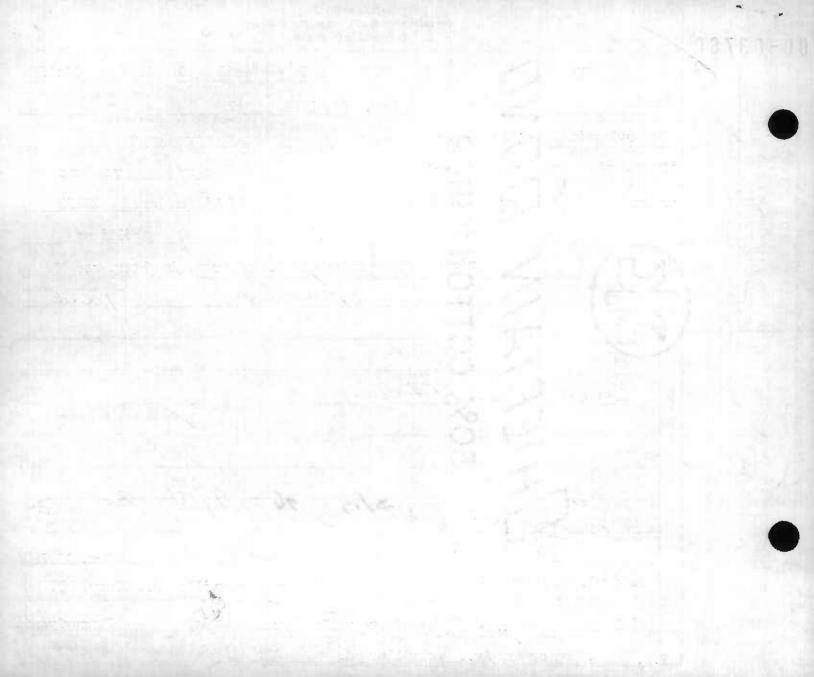
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0	/	FOR 8TATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	Ö Ö	3. NO.	2 0	1 3
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19	NV EN	emale	caucasian Nov			DAY YEAR			MONTHS DATS	HOURS MIN.
16		RIHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	76 CITIZEN OF WHAT COUNTRY? 8.		8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
0	10 CI	ver Spring	11. NAME OF I	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ASUCH FACILITY, GIVE STREET ADDRESS!  Pre Nursing Center			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home Maker own Home			
35	13a S	AL RESIDENCE (IF NURSING HOME OF STATE   136 COURT	OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CODE		0852
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11	16- 14	Elmer VAS DECEASED EVER IN U.S. AR		Crosson	DITY NIO	Ella 17. INFORMANT	AF	DDRESS	William	IS
nedic		YES, NO OR UNKNOWN) (IF YES, GIT	/E WAR OR DATES)	149 14 8		Elizabeth P.			ter se	e #13
y injury, or other troumotic event, t	TION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, O  DUE TO, O  DUE TO, O  DUE TO, O  (c)  CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE  DINTRIBUTING TO C	NCE OF	ny	AINAL DISEASE OR C		PEN IN PART I	
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on 71 is morked or irem to since	MEDICAL CERTIFI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE AUGUST  270.1 certify that (Public Cause)  500000000000000000000000000000000000	21e. PLACE (AT HOME STE	M. MONTH DA M. OF INJURY REET FACTORY, OFFICE, FA	19 ARM, ETC.)	211 LOCATION SIREE  19 76 d that (my) our) opinion	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	county	state that (I (we) ast couses stated
THE REPORT OF THE PERSON OF TH		22d PHYSICIAN'S NAME (TYPE OF LEWIS A. Ke)	DRPRINT)	D D		ATTENDING	PIRECTOR   PH	9.94	Apr	11,1986
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	P	A JUU W. MOIL	ZUMETY A	IV., ROCKI	TITE.	Mu.	I II - U IOU	E . 3		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detacked for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been



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			STATE OF MARYLAND	
10-04	273	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	, 2 u
0 04	610	1 00	REGISTRAR Merle F. Pratt MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR
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14	50年支展	3 SE	A DATE OF THE PROPERTY OF THE	DA YEAR HOUR
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10 - 3	産業を	7a. B	IRTHPLACE (STATE OR 76 CITY OF WHAT COUNTRY? A 9 BALTIMORE CITY OR COUNTRY	OF DEATH
- B	\$55E		OREIGN COUNTRY)  MARRIED VEVER MARRIED	OI BEAIN
2	200		Canada United States WIDOWED DIVORCED DIVORCED III NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAT OCCUPATION (TYPE OR WITH 12)	
>	東の音を	1	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  12. USUAL OCCUPATION (TYPE OF WORLD)  FOR MOST OF WORKING LIFE)	OR INDUSTRIBANK
4	24		Month Reneral Hora Cafeteria director-	Fed.Reserve
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9 ,	am 030 //	14. F	ATHER'S NAME IS MOTHER'S MAIDEN NAME	
ui d	S 2 2 5 1 4	1	William H. Fares  Mary Jane Chalmers	LAST
9 2	ASSESS T	16a \		
1	A Ses 3	()	(ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ille,MD2@353
¥ ×	BEEF		no     377-32-8706   William F. Pratt(Son)14401-Bria	
5/3	- 5		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	NO N	r	EXAMPLES NAME Toba C Post OF TOTAL CONTRACT Pd Collins C	anning MD
8	EXECU- PAGE TO FU		John S. Rogers, MD ADDRESS 1919-Seminary Rd., Silver S	phr rug'sun
ann	MA FAM	15	URIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY	STATE
07/84	3P77		remation Mar.26,1986 Lee's Crematory Washington, District	of Columbia
DM .	DHMH - 17		UNERAL DIRECTOR 256 REGISTRAR'S SIG	NATURE
(V	(R A15 ME (5))	J.	Wm. Lee's Sons Co. 300-4th St., NE, Wash., DC2000	Randallia c
			THE REAL PROPERTY OF THE PARTY	

J. m. I me'n 'cas Co. 300-4th st., No, msh., DC200002

Yorla J. Darlet. 9 19 99 ... 5 -1 19 99 19 99 99 99 1,000 1 m L 1 3co 100 Filliand. Forst Mary Jaco Ch Jacon Pcc v 111 . 1'm 1377-32-877 9 Hilliem F. Rents (Soc ) Wing - Brita report man 1010- enim of 15., Silver Sering. ID John J. Rosers, M. Ner.25,1986 Ise's Descriptory no Ethornes C hein con.Dietrich of Columbia

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HOSPITAL OR ATTENDING PHYSICIAN bined by the haspital or attending phys if UNERAL DIRECTOR, after this certificated be detached for use as the burial-transitive Deept of Health and Mental HypoRTANT: If them 21 is marked or them 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFETIMER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 22a I certify that I this h Cay the decedsed alive above (I) Wey (did did 22d. SIGNATURE 22d. PHYSICIAN'S NAME TO David Cromw	F DEATH HOUR A. AINER) P. 21e PLACE (AT HOME, ST. aspital) attended the adventment of the adventment o	M. MONTH DAM.  OF INJURY REEL, FACTORY, OFFICE, F  re deceosed from 198	ARM. ETC ) 211 LOC ARM. ETC ) 211 LOC DEGREE	My (aur) apinion d  ATTENDING PHYSICIAN  ORESS	eath occurred on the d	gree and haur and to	STATE  STATE  thoy(1),(we) lost
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	INERAL DIRECTOR NAME		ADDRESS			REC'D. BY REGISTRAR		SIGNATURE

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ADDRESS ROCKVILLE, MD Nicholas Protos, 11900 Stonewood Lane O'NEUMOWIA SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I 10 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE and that in imy) aur) apinian death accurred on the date and have and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL CREMATION, REMOVAL (SPECIFY) STATE Silver Spring, MD 5/1/86 Gate of Heaven Cemetery Burial 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 5130 Wisconsin Ave, NW, Washington, D.C. 20016 givia Davidson Atondesse (VRA 15, 4)

STATE OF MARYLAND

26 HOUR

176 KIND OF BUSINESS OR

Own Home

(Unknown)

DHMH - 16 60M 7/84

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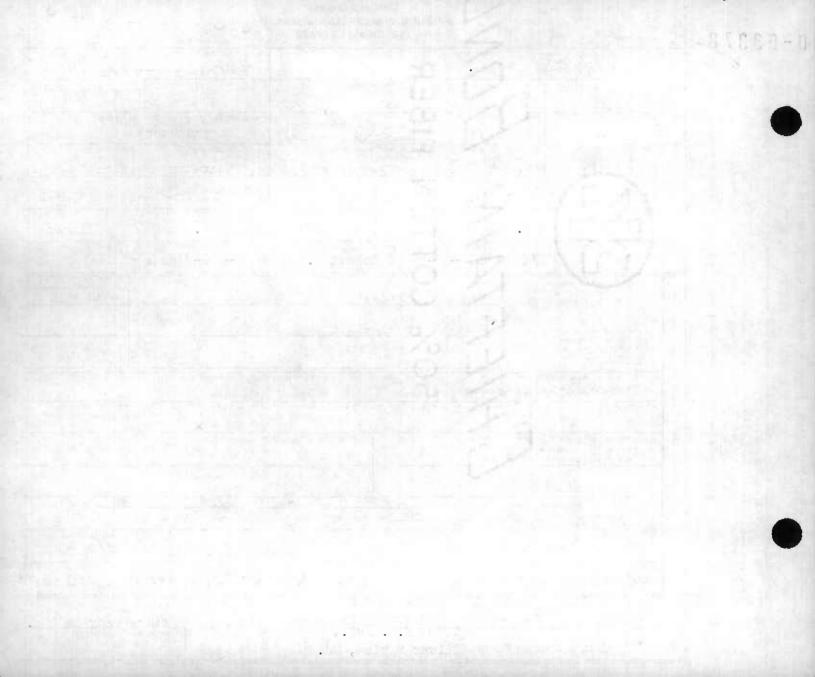
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6
CERTIFICATE OF DEATH	

1	STATE REGISTRAR			DEPART		EALTH AND A		IENES 6	0.	2 0		
	CEASED NAME LO	RRAINI	E	MIDDLE		AST		20 DATE OF DEATH	MONTH [	DAY YEAR	26 HOUR	
	LORR	DINE		D.	PRO	OUDLEY		YAPRIL		1986	4:30 M	
1.5E	X	: None	4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER MONTHS DATE HOURS				
1	EMALE		CAUCAS		5	4.	98	87	YRS.			
Pa. B	RTHPLACE THE OR I	FOREIGN		WHAT COUNTRY	? 8 MARRIEI	D NEVER A	AARRIED -	9 BALTIMORE CITY				
1	MARYLAND	1	U.S.	* 1.	WIDOWE	DN DN	ORCED		gomery		MD.	
10 C	heaton	ATH	(IF NOT IN SUC	HOSPITAL, NURS HEACILITY GIVE STREET 177 CONV.	ET ADDRESS)	1.	SING NO	(TYPE OF WORK FOR MOST OF Secret	F WORKING LIFE	E) INDUSTRY	d Lodge	
3a. 1	AL RESIDENCE (IF NURS STATE Maryland			SILVET	RE ADMISSIONI	YES T	NO [	10000 ADDRESS	ZIP CODE		20901	
THE P	Thomas		Č.	Dora	n		MAIDEN NAA FIRST OSA	ME MIDDLE		Ŵ	eaver	
160 \	N/A NOWN		MED FORCES?	166 SOCIAL SEC 579-07-		17 INFORMA Robert		adley-son-		as 13e	)	
U	PART I. DEATH W	H (Enter on	ly one cause per	line for (a), (b), o	end ic				130 24	BETWEEN	ONSET AND DEATH	
	PARTI, DEATH W	IMMEDIAT	E CAUSE (a)	ARDIAC	Arres	57				MINUTES.		
			DUE TO, O	R AS A CONSEQU	UENCE OF					0 000		
	Conditions, if any, gove rise to imm		(b)_/	Probable	injare	TION						
	cause (a), statin	g the	DUE TO, OI	R AS A CONSEO	UENCE OF							
NOI	PART 2 OTHER SIGN	NIFICANT O	conditions co	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	a ·	
CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		, WERE FINDII YING CAUSES S		
0.0000000	210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA		M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM TS P	ART I OR PART 2)		
MEDICAL	21d INJURY OCCUR	THE C	218 PLACE	OF INJURY REET, FACTORY, OFFICE	.FARM ETC )	21f LOCATIO	)N	CITY OR TO	IWN	COUNTY	STATE	
	22a I certify that (I) saw the decease above, (D we) (c		m / .		131	nd that in (my)	. 19 <u>86</u> (our) apinian d	, to	ate and havi		tha (1) (we) last	
	27h SIGNATURE  Muly	Crou	keem			DEGREE A	TTENDING X	MEDICAL STA	ff Ian 🗌	22c. DATE 4/9		
	NA NOY					22e ADDRES	S	est RD, H		ville in	40-641	
23a. l	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE			EMETERY OR C		23d LOCATION	- 1011	COUNTY	STATE	
	burial		4-11-19	tob Ced	dar Hi	11 Ceme	terv	Suitland	Princ	e Geor	ope Md.	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

Cedar Hill Cemetery Suitland Prince Georges Md. 11800 N.H. Ave., 250 DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE Silver Spring, Md.

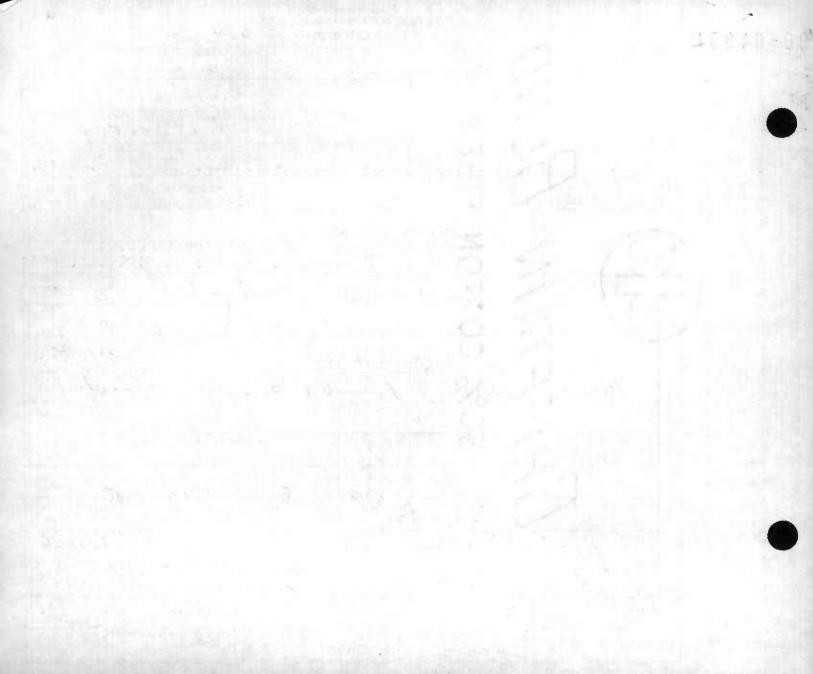


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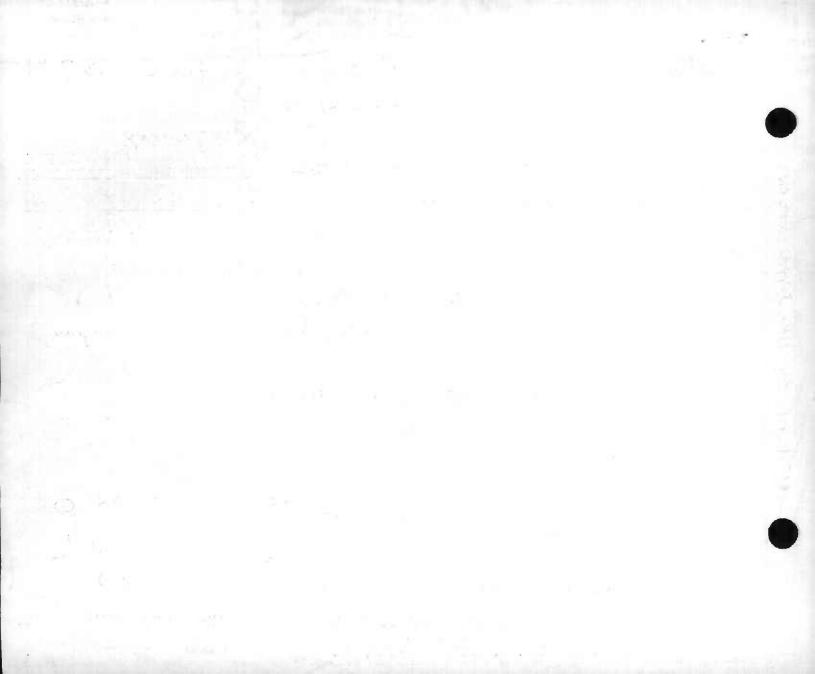
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	2 0 -	27	3. SE		4 RACE	ALDELL	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT		NDER I YEAR IF UNDER 24 HRS
	rector, urs afte	4		NAIE	Caucasi	ian	APR	LL 21 1924	61	YRS.	
	Podic Po	10/-		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	X NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH
	in 72	70 /	WA	SHINGTON, D.C.	u.s		WIDOWE	D DIVORCED	MONTGO		MD.
	ofter d	8		Y OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET CROSS		ROTHER INSTITUTION	12a USUAL OCCUPATION	WORKING LIFE)	26. KIND OF BUSINESS OF NOUSTRY CAPITUL
MARYLAND 2120	by by		USU	L RESIDENCE (# NURSING HOME OR TATE 13h COUR	OTHER INSTITUTION		ADMISSION)	3/1/11-	MASTER FLEC		ELECTRIC CO.
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AL RECORDS	0 + 0	>	CERTIFICATION	198. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED
S. RE	n. ne pe	3	FI						YES NO	IN CERTIFYIN	G CAUSES OF DEATH?
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> 4	CIAN B phy ertific iol-tro			OR CONTRIBUTING CAUSE OF DE			AY YEAR				
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NISIN NISI	the bis the bond A	p	ME	WHILE NOT WHILE	(AT HOME, ST	TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY STATE
	or aff Affer e as the	morked		220.1 certify that (I) this hospi	ital) attended t	he deceased from		10 %	3 to anni	1 10	26, that (1) we) lost
	TOR: A	. 50		saw the deceased alive on above (I)(we) (did) faid no			86_, or	d that in (my) (our) opinion	,	te and hour on	,
	OR ATTEN e hospital DIRECTOR sched for u Dept. of Hi	B 3		above (1)(we) (did) fold no	view the body	y ofter death.		DEGREE			22c. DAJE SIGNED
	0 4 7 7 0	=		Drung	Paran	M	0	ATTENDING , PHYSICIAN	MEDICAL STAF	F IANI D	4/11/82
1	PITAL OF THE PITAL OF GETA State C	Z-/		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	,,,,,		22e ADDRESS	DIRECTOR   PHYSIC	IAN []	1111100
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	0 f 0 f 2	<u>₹</u>	23a F	URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	BP			URTAL				HEAVEN CEMET	CITY OR TOWN	PRING A	NONTGOMERY MD.
				INERAL DIRECTOR FRANCI	S J. CC	LLINS, JR		250 DA	ATE REC'D. BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE
DH	MH - 16 50M (VRA 15, 4)	4/83		O UNIVERSITY BE	VD. W.	SILVER		. MD.	APK 1 7 1986	Juna Day	4dson-Nonwood



RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? FENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 STATE , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated Silver Spring, Mar yland ALE <sup>24</sup> FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland 208521PR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

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8 1-	FOR - STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	12027			
	CEASED NAME FIRST	WIDDLE	ı	AST		NONTH DAY YEAR 26 HOUR			
(TYPE	Jenr	nifer Marie	e Rar	nirez		4 5 86 1:501			
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65 0	COUNTRY)_		MARRIE	NEVER MARRIED	P DALTIMORE CITT OR	COUNTRY			
6	Maryland	USA	WIDOWE			ontgomery			
1	Gilver Spring	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST IIO.	REET ADDRESS)	Hospital	128 USUAL OCCUPATION TYPE OF WORK FOR MOST OF				
USU		OTHER INSTITUTION GIVE RESIDENCE BI	EFORE ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / 6519 Day				
/ JA FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA					
20	Mark	Angelo Rami		Janice	Anne	Spielman			
	VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	6519 T	Sawnwood Dr.			
1	N/A	N/A	-	Mark Ramir		1. Md. <del>2</del> 0706			
	Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	OUENCE OF	r, somy -	18	ITION GIVEN IN PART 1 to			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH			200 AÜTÖPSY? YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES			
4	218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART   OR PART 2)			
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	EICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE			
	22a.1 certify that (1) (this hospital) attended the deceased from								
	22b. SIGNATURE  GEOVETS	G Kefale	dip	· · · · · · · · · · · · · · · · · · ·	MEDICAL STAFF				
	Georges (	r 1. 4.	ир	Holy Cross	Hospital,Si	lver Spring,Md.			
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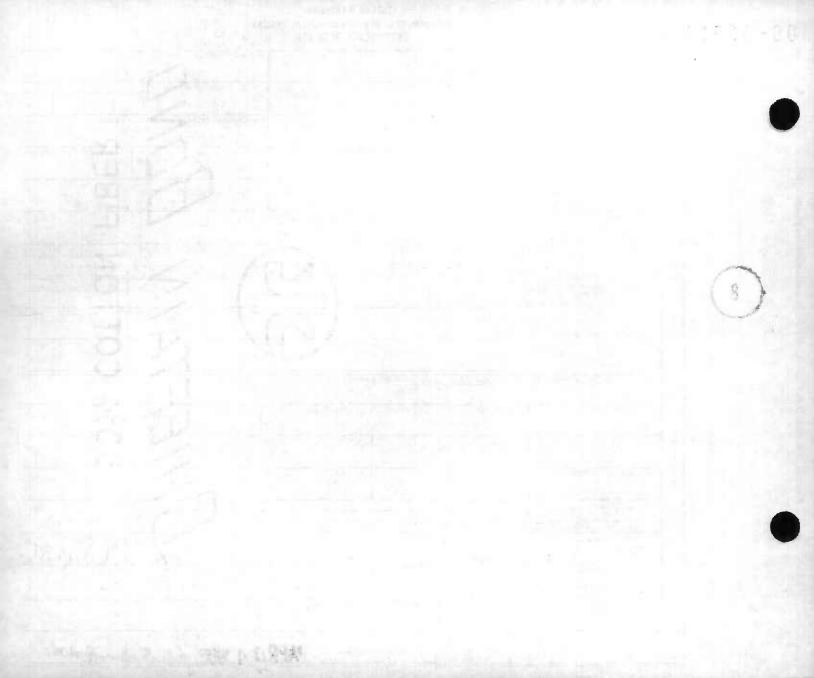
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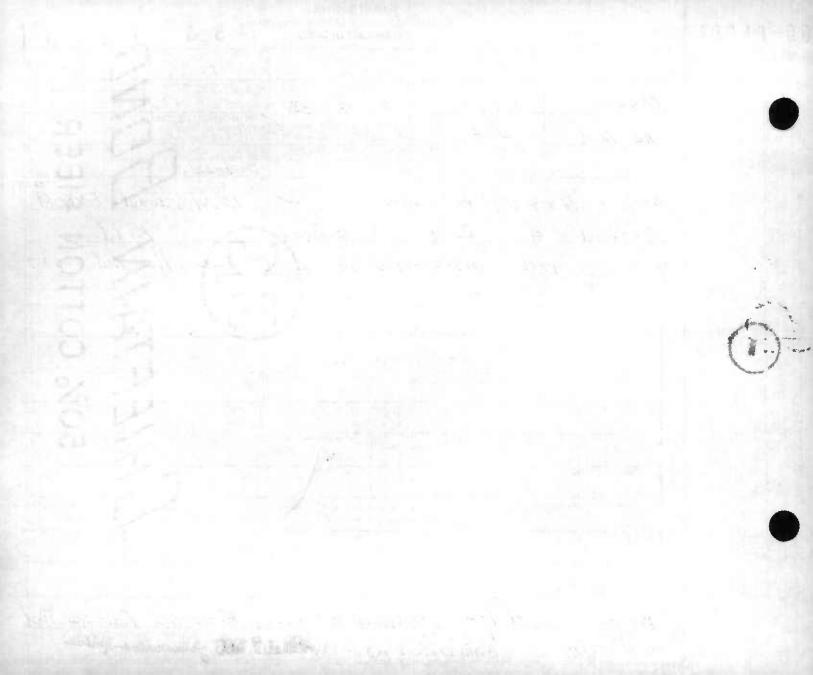
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1 19 1/	33	eThesda .	SILLALA SUCH FACILITY, GIVE STR	HOSPITAL	OF ASTRONAL	WORKING LIFE) INDUSTRY	
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of the state	1	WHILE NOT WHILE AT WORK					
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日本 日本名 に		sow the deceased alive on abave, (I) (we) (did) (did nat)	view the bady after death.	, and that in Imy) (aur) apinian	death accurred on the dat	e and hour and from the	causes stated
Man		226 SIGNATURE		DEGREE		22c DATE	SIGNED
# # # # # # # # # # # # # # # # # # #		for Falour	-	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF	AND	
		THE TYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS			
5- 91031		/ /	)				
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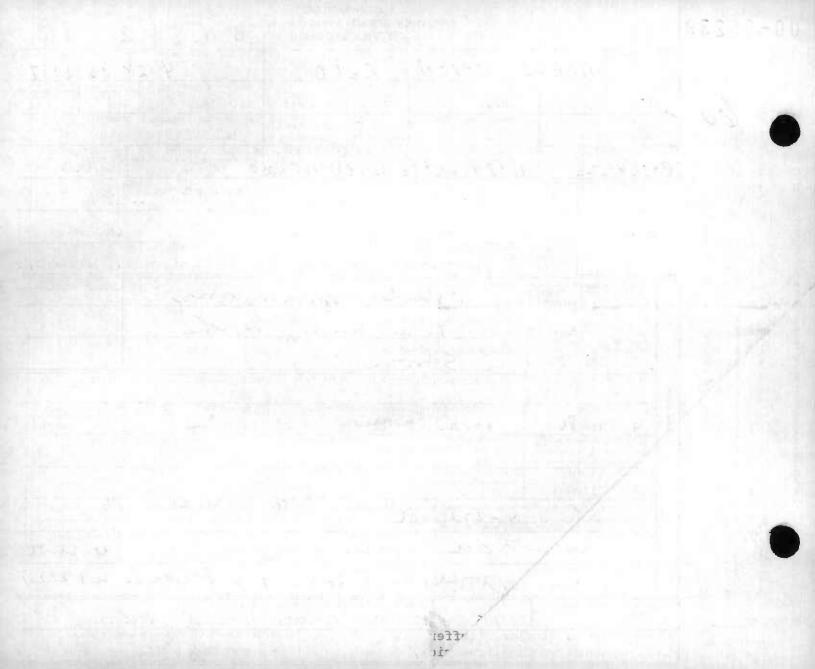
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E. N	160 V	Nels vas deceased ever in u.s	Henry ARMED FORCES?	Nelson	URITY NO.	17 INFORMANT	3740 RE	McKinley	
MOR MOR	1	YES, NO OR UNKNOWN) (1F YES	S. GIVE WAR OR DATES)	577-72-	1890	Myrna R. Log			
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NG PHYSICAN The ofference of the order of th	AL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	.M. MONTH C		21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART ) ORP	ART 2)
ONC SEP SEP A	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE	.M. OF INJURY	19	21f LOCATION		wn cou	INTY STATE
VISION OF PROPERTY	×	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	1 /	STATE
		22a.1 certify that (I) (this h		deceased from	AT	mf 1972		19 60	, that (1) (we) last
TTEND pital or prival or for use of Hea of Hea May		obove. If we decembed alive	e on	v after death.	86 .0	nd that in (my) (aur) apiniar	death accurred an the de	ate and have and fro	am the causes stated
the hos at DIRECT POPPLY To He home of the DIRECT POPPLY To He		27h SIGNATURE	Ha	dr	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		DATE SIGNED
PITA by by Stor Stor		22d. PHYSICIAN'S NAME	ITE GEFFINI)		3.00	22e ADDRESS			
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annak	230.	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	CITY OR TOWN	COINT	Y STATE
9998799		Cremation	4/4/8			omfort Cremat	ory Alex	andria, V	/A
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Jose 30 Wisconsin	ph Gawler	S Sons	Inc.	250. DA	TAPR OF 198	256 REGISTRAR'S S	IGNATURE
(VRA 15. 4)	121	Wisconsin	AVE. NW. W	asningto	n.D.C.	20010		N N	

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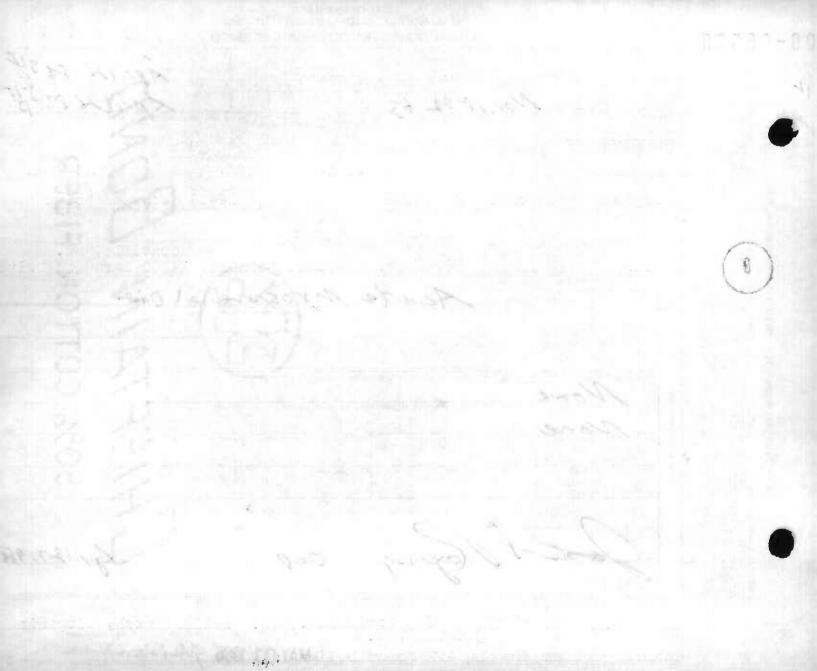
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SECURITY								E OF MARYLAND					
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To BRITHPLACE TILLION PROMENT  USA  MARRIED MONTGOMERY  MONTGOMERY	4 00					E	04 <sup>non1</sup>	05 <sup>DAY</sup> 1903	3	83		NIHS DAYS	HOURS MIN.
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276. I certify that (I) (this hospital) oftended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	by the fu	RI	CKVILLE	15	HAD	Y 6 R	DVE AJ		{TYPI	E OF WORK FOR MOST	OF WORKING LIFE)		
276. I certify that (I) (this hospital) oftended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	AND ZITA	130 S	TATE IS	HOME OF OTH COUNTY REDER	RICK			YES NO		TREET ADDRESS Flaniga	/ ZIP CODE n Rd.,	21788	3
276. I certify that (I) (this hospital) oftended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	mpletely and 2 st			DALĈÃ	NS S	REIL	)		NAME	WIDDLE		CURRY	Ens
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276.1 certify that (I) (this hospital) ottended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	S, 201 W. PRESTON		gove rise to immed couse (a), stating underlying couse	the tost.	(b) DUE TO, O (c)	PRAS A CONS	FOUENCE OF	,	BETERMINAL	DISEASE OR CON	IDITION GIVE	N IN PART 1	lio
276. I certify that (I) (this hospital) ottended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	he low requent. hos been s r permit. The	TIFICATION	190 DATE OF OPERATIO 4-14-8	)N	19b. COND	STEW					IN CERTIFY	ING CAUSE	S OF DEATH?
276. I certify that (I) (this hospital) ottended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	IOF VII A g physical g physical cartificate rial-transi		OR CONTRIBUTING [ CAU	SE OF DEATH	HOUR A	.M. MONTH		21c HOW INJURY O	CCURRED (	ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T I OR PART 2)	
276. I certify that (I) (this hospital) oftended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	NG PHYS	MEDI	WHILE NOT WHILE				FICE, FARM, ETC.)			CITY OR TO	)WN	COUNTY	STATE
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	ATTENDIII spital or CTOR: A I for use of Health		sow the deceased	alive on	4-	27_	1.	nd that in (my) (our) ap	pinion death	occurred on the d	ate and hour o	and from the	
Swam NATHON MD 207 W 7 SV edences, Mc 2/20/ 2 5 2 5 7 230 BURIAL, CREMATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1236, LOCATION	2 - 0 - =		226. SIGNATURE &	~	~~~	ill	r	ATTENDI PHYSICI	ING ME	EDICAL STA	FF CIAN []	22c DATE	E SIGNED
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	R H G S		SWA	E (TYPE OR PR		THA		207 4	v 7 8	v fre	deres	, Ma	121201
(SDECIEV) COUNTY CTATE	T o r r s d			MOVAL						CITY OF TOWN		COUNTY	STATE
BP BURIAL   5/2/86   Blue Ridge Cemetery   Thurmont   Frederick   MD								dge Cemeter	ry T	hurmont	Free	derick	K MD"
DHMH - 16 50M 4/83 (VRA 15, 4)  24. FUNERAL DIRECTOR G. Douglas Stauffer Appress (VRA 15, 4)  1621 Opossumtown Pike, Frederick, MD  256. Date Rec'd, By Registrar 256. Regi	DHMH - 16 50M 4/83							25	ADD -	D. BY REGISTRAR	1		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATER HARRY A. REINESS 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD Male White 7. BIRTHPLACE MARRIED IX NEVER MARRIED Washington, D.C. USA WIDOWED [ DIVORCED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Transportation of Work 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Rockville Memt. Specialist U.S. Govt 14400 B arkwood Drive 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery Maryland Rockville 14400 Barkwood YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Reiness Max Bessie Marcus 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Rockville, Md. (YES, NO, OR UNKNOWN) WW 577-24-5487 14400 Barkwood CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX YES [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Suicide Homicide Undetermined manner TO FUNERAL DIRECT AFFER DEATH, WITH BALTIMORE, MARYL TITLE (SPECIFY) EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 4-28-1986 King David Mem. Burial Falls Church. Gdn 25M 24. FUNERAL DIRECTOR Rockville, Md. 25e. DATE REC'D. BY REGISTRAR **DHMH - 17** Gulie Davidson-Randelle (VR A15 ME (5)) Danzansky-Goldberg Chapels: 1170 Rockville Pik



## STATE OF MARYLAND

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	el -	FOR STATE REGISTRAR			DEPARTA	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  SECOND. 1 2 3								
		CEASED NAME	FIRST		MIDDLE	I.	AST	2a. DAT	E OF DEATH MON	TH DAY	YEAR	26 HOU	JR .	
H		5	oseph		H.	R	hodes	4	-28-86	5		1	(AM)	
	1.5E)	K	4	RACE		5 DATE C		6. AGE	(IN YEARS LAST BIRTHDAY	Y) IF UNI	DER 1 YEAR	IF UNDER	MIN,	
	M	ALF		CAUCAS	TAN	OCTO		68		YRS.	DATS	HOURS	MIN,	
1	7a BII	RTHPLACE (STATE OR FO			WHAT COUNTRY?	8 MARRIEI	10	- 9 BALT	IMORE CITY OR CO	DUNTY OF C	PEATH			
		SHINGTON, D	c.	USA		WIDOWE			MONTGOME	RV			MD.	
0	40 CI	TY OR TOWN OF DEAT	TH 11		HOSPITAL, NURSIN		PROTHER INSTITUTION	120 USL	JAL OCCUPATION WORK FOR MOST OF WOR		B. KIND OF	F BUSINE	ESS OR	
2	SI	VER SPRING	2	HOLY	CROSS HOS	PITAL		1	ROPOLITAN					
2	13c S	AL RESIDENCE (IF NURSIF	NG HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS	3?   13e.STRE	ET ADDRESS / ZIP	CODE				
/	The second second		MONTG	OMERY	SILVER S	PRING	YES NO X	360		STREE	T	20	906	
7	I4 FA	THER'S NAME	MIC	DDLE	LAST		15 MOTHER'S MAIDEN	INAME	MIDDLE		LAST			
0		THOMAS			RHODES		ROSE		MARIE			RLEY		
1	45	VAS DECEASED EVER I		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS					
4	Уŧ	ES	ww	II	577-01-8	998	EULITTA M.	RHODE	S WIFE	SAME		13		
П		18 CAUSE OF DEATH PART I. DEATH WA	Enter anly	ane cause per	r line far (a), (b), and	1	n En	Not-	-	-	BETWEEN	NATE INTE	RVAL DEATH	
			IMMEDIATE		Ver	eru	les In	Molle	2		124	n	2	
				DUE TO, O	R AS A CONSEQUE	NCE OF	- 60 D C	C 0			a			
		Canditians, if any, gave rise to imm		(b)_		non	u Min I	anu	$\sim$	- 5	8 72	RIT		
		cause (a), stating underlying cause	the .	DUE TO, O	R AS A CONSEQUE	NCE OF								
				(c)										
	2	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO	MATH BUI	not related to the t	TERMINAL DIS	EASE OR CONDITIO	ON GIVEN IN	PART No	,		
0	CERTIFICATION	190 DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	1 20g A	AUTOPSY? 1206	b. IF YES, WE	RE FINDIN	IGS USE	D	
1	IFIC							VES		CERTIFY ING			TH?	
2	SERI	210 ACCIDENT WAS UNDE	ERLYING	21b. TIME C			21c HOW INJURY OCC	CURRED (ENT			OR PART 2)	140		
		OR CONTRIBUTING C												
	MEDICAL	(IF EITHER NOTIFY MEDIC			.M. OF INJURY	19	211 LOCATION	10.00			1000		-	
	×	WHILE NOT WHILE	LE	(AT HOME, ST	REET, FACTORY, OFFICE F	ARM, ETC }	STREET	(	CITY OR TOWN		OUNTY		STATE	
	13	220 1 certify that (I)	/	) attended th	ne deceased fram_	221	19	t to	LKAN	. 19_/	17	that (I) (	e) last	
4		saw the deceases above, (1) (we) (di				M. on	id that in (my) (aur) apin	nian death acc	urred on the date a	ind haur and	from the	couses sh	ated	
		226. SIGNATURE	la la dia net	view the bady	Patter death.	110	DE GREE				22c. DATE S	SIGNED		
,			1			100	ATTENDINE PHYSICIAN				281	En	111	
		27d. PHYSICIAN'S NA	ME LIVPE OR P	RINT)	01 (1	1	77e ADDRESS	1	21	1	Cc	1/2	0 0	
		The state of	101	1 c/au	le, bon,	to M	10/11/20	flew 1	townshipe	An	15.1	y)	0904	
	23a. B	BURIAL, CREMATION, R	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATO	ORY 23d T	OCATION CITY OF TOWN					
		RIAL		MAY 1	1986 GAT	TE_OF	HEAVEN CEM.	STI		VG MON			MD	
113	24 FL	NERAL DIRECTOR F	RANCIS	3 J. CC	DLLINS JI	۲.	250.	DATE REC'D.	BY REGISTRAR 25h	REGISTRAR'S	SSIGNATI	IRF		
	500	UNIVERSIT	Y BLV1	O., WES	ST SILVER	SPRIN	VG, MD. A	T. YAN	1986 Ju	his David	loer-N	allow		

DHMH - 16 60M 7/B4 (VRA 15, 4)

THE SET OF THE PERSONNEL OF STATE OF SET OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 0-94562 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH L DECEASED NAME ANET Lovejoy S DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Female Caucasian Sept. 7.1899 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maine United States Montgomery County DIVORCED 126. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville PHomemaker Home USUAL RESIDENCE (IF NURSIN CONTROL OF THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 04048 13e STREET ADDRESS 113d INSIDE CITY LIMITS? Limerick Rural Rt. 2. Box 36 Maine 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Sarah Brown Charles Loveiov 17. INFORMANT Daughter ADDRES 303 Farragut Ave. 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Barbara Rathell Rockville, Md 20851 006 40 8530 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the CONSEQUENCE OF underlying couse last. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOO YES T 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from\_ sow the deceased alive on above, (1) (we) toid) (aid not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27h SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL | 236. DATE ADTI | 236. NAME OF CEMETERY OR CREMATORY Cremation 20,1986 Virginia Metropolitan Crem, Alexandria 24 FUNERAL DIRECTOROBERT A. PUMPHREY FUNERAL HOME'S AP DHMH - 16 50M 4/R2 PA.300 West Montg. Ave. Rockville.MD (VRA 15, 4)

5118	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 2 0 3 /						
deoth t		CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH MONTH	1 DAY YEAR	26 HOUR
	(TTPE	OR PRINT)	eorg	e A.		Ricketts		April	25, 1986	3:45 RM
	3. SE			4 RACE		S. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
07		Male		White		oct: 29, 1895 AR			rRS	
35	70. BIRTHPLACE ISTATE OR FOREIGN MARYLand  10. CITY OR TOWN OF DEATH  Olney			76 CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIE WIDOWE	D NEVER MARRIED D	Montgomery MD.		
29				11. NAME OF HOSPITAL, NÜRSING IF NOT IN SUCH FACILITY, GIVE STREET ADE Montgomery Ger		ADDRESS)		(TYPE OF MORK FOR MOST OF WORKING LIFE)  126. KIND OF BUSINESS OR CAPPENTER  Carpenter		
35	USU.	AL RESIDENCE (# NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Dayton	ADMISSION)	13d INSIDE CITY LIMITS?	4738 Greenbri	cope idge Rd	21036
20	j4 F4	ATHER'S NAME	ckett	MIDDLE LAST			15 MOTHER'S MAIDEN NAM		LA	ST
2	160, WAS DECEASED EVER IN U.S. AR				166 SOCIAL SECU	RITY NO.	17 INFORMANT M's Adell Day	ADDRESS 4738 Green		Dayton Mo
ouriol, cremation, ar y, or other troumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Last (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to								
nows ony injur	CERTIFICATION	19a DATE OF OPERA		198 CONDITION FOR WHICH OPERATION						
Item 18 sh		210. ACCIDENT WAS UNI	AUSE OF DEA	TH HOUR A.	OF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTERNATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
rkedor	MEDICAL	21d INJURY OCCUR	HLE []		OF INJURY REET FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo	13	220 1 certify that (1) the body after deceased from								
E		and some					DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN			
IMPORTANT: H		BIN G	OF LC	DINE (	LING	D	270 ADDRESS	guis fond	R8.0 Ru	en hold some
IMPO	230 E	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
-	24 51	Burial	arvi.	April	28'86 Cr	restla	awn	Howard	d Marylan	3
)M 7/B4 4)	In	c. 4112 01	d Col	umbia P	ike Ellic	y Fur	neral Home 250 M	Y 2 988 36	la burdan	Handree



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2b. HOUR I. DECEASED NAME Edgar CAR RIEDEL John YPE OR PRINT 082 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE IF UNDER 1 YEAR 1913 White April Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Montgomery County, North Dakota 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Master Electrician, Power Co. Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 25001 Burnt Hill Rd. 20871 Clarksburg Montgomery Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Allwine Riedel Barbara Jacob ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213-05-3516 Kathleen Anderson, Item 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and PART I. DEATH WAS CAUSED BY: Cardiac Urrest 30 min IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF CONSOLOR (myo cardial infant) Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF consequence of artery disease underlying couse lost DIVISION OF VITAL RECORDS, 201 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT nain 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased from 06/ , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (did-not) view the body after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING. MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22a. ADDRESS d b R. ROSING Show 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Burial Suitland, Prince George's, Md. Apr. 18,1986 Cedar Hill 250. DATE REC'D. BY REGISTRAN 250 REGISTRAN'S SIGNATURE DHMH - 16 50M 4/82 "Olin L. Molesworth, P. A. Apre Damascus, Md. dia day on (VRA 15, 4)

7 113 77 0.000 .oc villa ierylend contentry oleventry x 25001 mit ill M. 2027 incom . Hindol ा नेष्टि . 13-(3-51) old e 'eleron, to 13 uning fr. 1,146 veinr till Saisland, misco our o'r, al.

DHMH - 16 60M 7/84 (VRA 15, 4)

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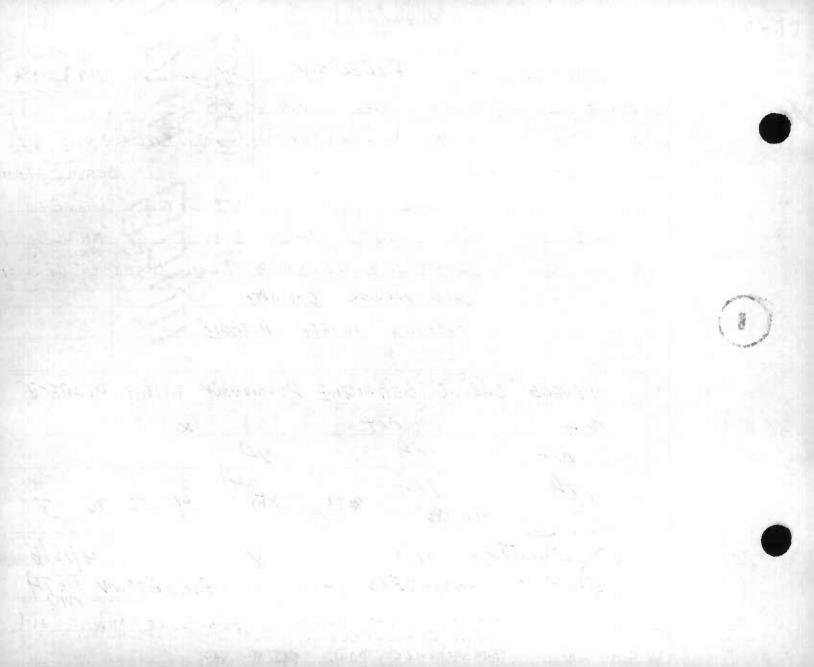
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIF		REG. NO.			
6	DECEASED NAME		. 01	1	Is DATE OF DEATH MONTH		2h. HOUR	P.
-	SEX Will	Sui	t STO	MIE.	April 24, 1		7:00	M
	Male	White	w/Dryft		01	HISHTHS DATE	Children 19 (19 19 19 19 19 19 19 19 19 19 19 19 19 1	Milk
170	BIRTHPLACE (STATE OF FORES)		COLUMN TOWNS OF THE PARTY OF THE	D XXEVER MARRED	9 BALTIMORE CITY OR COL	UNTY OF DEATH		
2	Maryland	U.S.A.	widowi	DIVORCED	Montgomery			MD.
4	CITY OR TOWN OF DEATH	(IF NOT IN SUCH	DSPITAL NURSING HOME ( FACILITY, GIVE STREET ADDRESS)		12st USUAL OCCUPATION 11195 OF WORK FOR MOST OF WORK		OF BUSINES	5 OR
1	Takoma Park	Washing	ton Adventist	Hospital	Physician	Priva	ate Pra	acti
7	Maryland P	r.Geo's	Ritchie	VES NO X	7609 Walker M	ill Rd./	20743	
0	Wallace	A.	Suit	Edna	I.	Beall'	ASA	
160		S. ARMED FORCES? . I VEL GIVE WAR ON DATED! WWII	IM SOCIAL SECURITY NO.	Mildred Ryo	n Ritchie-Ritch	Walker Md.	1111 B	d.,
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n 6 4	1. DE	CEASED NAME FIRST OR PRINT)		WIGGE	0 0-	=00-00/	20 DATE OF DEATH	MONTH GA	Y YEAR 2b. F	HOUR
nay be page 3 rr death		MARSH		KNILL	KOKE	SON	APRIL	14	1986 11	3: 45 AM
after	3. SE	(	4 RACE		5. DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS LAST I		FUNDER I YEAR IF UP	NDER 24 HRS
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deor deor		MARYLAND	L	1.5A	WIDOWED			TEOM	IERY	MD.
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NA III			NTE.	ROCKVI		YES NO	1014 DE	BECK	DRIVE	- /
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make w		HARLES	0	ROBER	741 14	VADA			KNILL	_
BALTIMORE, MARYLAND 2120 rate be executed within 24 hours pricion and completely filled in by appers. Pages 1 and 2 should be file with the medical examiner plass be no			IVE WAR OR GATES)	166 SOCIAL SEC	/	17 INFORMANT		DRESS 103		RD,
tring to be			U.II	215-01-	3694	JAMESK. F	ROBERON	ROCK	VILLE, MA	
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¥ 5 613 €		cause iai, stating the underlying cause last	DUE TO,	OR AS A CONSEOU	ENCE OF				1 3 3 6 7	
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DIVISION OF VITAL RECORDS, NG PHTSICIAN: The law reques attending physician on the burish-training permit. There has need Meeting Hygieries prior to burish-training prior to burish-day are like in 18 shewp any mium	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDINGS (	USED
# 11 11 12×	Ĕ	NA			WA		YES NO	YES YES	ING CAUSES OF D	OEATH?
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CTO CTO		above (II) we trid (dire	(pt) liew the bac	1/26 19	, and	that in my (aur) apıniai	n death accurred an the	date and haur c	and from the cause	s stated
Dept of Barbara		22h SESNATUR	· H	-	DE	EGREE	MEDICAL CO		22c. DATE SIGN	ED/
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O HOSPITA Trained by O Funding A hould be di		22d PHYSICIAN NAME MI	OR PRINT	0 1000	Til	22e ADDRESS	0 (50	1 7-	11/12	m
0 1 0 1 1 M		Emol	~ (	1-Was	EIN	7410 00	D GENE	OETOU	W PP	47
	23a. B	URIAL, CREMATION, REMOVA	1		44	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE 1
BP	24 51	BURIAL	4-1	7-86	MONO	0/1		ILLE P	10075	Md
DHMH - 16 50M 1/76 (VR A 15 (4))		NAME	33	III BEA			450	RIZSE, REGISTRA	AR'S SIGNATURE	
(10 6 10 (4))	W	C. HILTON	BAF	NESVILL	E, N	D, MAR	DO THER Z	with Brough	my Manglassic	



00=	047	5 0	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENES 5	2042
8	by be oge 3 deoth			CRASED NAME SADIE	MIDDLE	ROGOPSKY	20. DATE OF DEATH MONTH	Z/ 86 6 A M
Y_	ige 4 mo		3. SE)	F	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
	death. Pour	ot once		OUNTRY) RUSSIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY ON FOR	ery MD.
102	by the fur	70	K	OCCUITE	11. NAME OF HOSPITAL, NURSING	DDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
AND 213	n 24 hou filled in hould be	95	13a. S	Maryland 136. Al	13t. CITY OF TOWN	YES NO YES	130 STREET ADDRESS NA	um 20814
MARYL	ompletely	(xe)	14. FA	THER'S NAME FIRST UN GROWN	MIDDLE LAST	15. MOTHER'S MAIDEN NA	KROWN MIDDLE	CAST
BALTIMORE,	xecu	medicol			MED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 091-07-46	1 11. 1	Cubman 7505	Democracy His
7	( Big)	event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), ond (b) BY: TE CAUSE (o)	I'M AINDAIN		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	deoth ottend ove carb	oumotic		Conditions, if any, which	DUE TO, OR AS A CONSEQUER	NCE OF	A BUNKE	
W. PR	that the d by the	or, cremo		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	NCE OF		
RECORDS, 20	requires en signe Then pl	or to burn	NOI			EATH BUT NOT RELATED TO THE TERA		
AL RECO	he le on. hos	shows on)	CERTIFICATION	190. DATE OF OPERATION	19b CONDITION FOR WHICH (	_	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
DIVISION OF VITAL	SICIAN: The ng physicion certificate ariol-tronsit	mentol Hygin Is sh	MEDICAL CE	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PARI 2)
OIVISION	NG PHYS offendin frer this os the bu	orked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	IRM. ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENDI ospital or ECTOR: A d for use	r. 21 is m		sow the decrosed alive or obove, (I) (we) raid (I did no	ot) view the body ofter death.		deoth occurred on the date and	
	OR by	note Dept		226. SIGNATURE PLAYM	md Barr	DEGREE  M.D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	121. DATE SIGNED
	TO HOSPITAL retoined by the TO FUNERAL I should be deto	MPORTANI		224 PHYSICIAN'S NAME (TYPE	n 18483	3941 FW	vous the who	eaton ted Weloc
	BP	_		Burial  Burial	4-22-1986 Mt.	Hebron Cemetery  Hebron Cemetery	Flushing, L.	I. New York
	DHMH - 16 50M (VRA 15, 4			ineral director anzäńsky-Goldbe		Rockville Pike	TE REC'D. BY REGISTRAR 25b. REC	GISTRAR'S SIGNATURE

baviniens The state of the state of SALKANIZ = 

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER TYEAR

INDUSTRY

2h. HOUR

IF UNDER 74 HE

DEATH	MONTH	OA
	11	

YEAR 0 6. AGE (IN YEARS LAST BIRTHDAY

**BALTIMORE CITY OR COUNTY OF DEATH** 

DIVORCED [

12a. USUAL OCCUPATION

2a. DATE OF

17h KIND OF BUSINESS OR

UYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife 13e STREET ADDRESS ZIP CODE

Toone

Margaret

MIARDALE RID MIDDLE

166 SOCIAL SECURITY NO

17 INFORMANT

Stone Wayne Romney; Son; 17052 Briardale Road; Derwood

DUE TO, OR AS A CONSEQUENCE OF o seleco

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [

DAY YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION STREET

CITY OF TOWN

and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated

STATE

PHYSICIAN

PHYSICIAN [

22c. DATE SIGNED

4/4/86 Burial

23c NAME OF CEMETERY OR CREMATORY Sunset Lawn Cemetery

DEGREE

23d LOCATION

COUNTY

STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG, MEMORIAL CHAPELS 1170 Rockville Pike: Rockville, Md. 20852

Salt Lake City, Utah

\$1230+01 HELL C. ROSELY 

		1	500		STATE OF MARYLAND		0000
) (	01080	1	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H O O	200
1-1	14003		CEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR
	oth oth	(TYF	E OR PRINT)  HAX		ROSEN BE	PC 04	- 15-1984 10:33 Am
	moy be poge 3 er deoth	3. SI		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	3 130 1307/111
D	ector,		MAIF	White		FAR 82	MONTHS DAYS HOURS MIN.
	Poor dire		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	19 BALTIMORE CITY OR CO	
	Jeoth.		England	U. S. A.	MARRIED NEVER MARRI		MD.
			TTY OF TOWN OF DEATH	11. NAME OF HOSPITAL NURS	ING HOME OR OTHER INSTITUTE	ON 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
0	by the f filed with		TAKOMA PARK	Washington Adv	ventist Hospital	TYPE OF WORK FOR MOST OF WOR	INDUSTRY Liquor
212	d in d in	13a	IAL RESIDENCE (IF NURSING HOME ( STATE 1136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)	MITS? 134 STREET ADDRESS	20910
AND	fille nould	Ma	ryland Mont	gomery Silver	pring YES NO	8750 Georgia	Avenue, Apt. 423
RYL	thi 2 sl	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAII		LAST A
WA	7 6 6	10	Reuben	Rosen		2	(Unknown)
ORE,	de gen		WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		ADDRESS	
BALTIMORE	3 - 2 -		yes u	W 2 579-03	-0439   Stephani	ie J. Rosenberg (S	
BAL	/ . N	8 Y	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), (	and ici	<i>A</i>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	(1 000)			ATE CAUSE (0)CAU	do pula	onary aw	ell
PRESTON				DUE TO, OR AS A CONSEQ	SENCE OF	/	
RES	de d		Conditions, if ony, which gove rise to immediate	(b) Tru	recuro	45/	
¥	the contract of		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEO	UENCE OF		
201	ed b oleos riol,			(c)			
05,	sign sign hen j to bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0
RECORD	w ren been aritor	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a. AUTOPSY? 20b	. IF YES, WERE FINDINGS USED
I RE	he lo on. hos per ene p	E				YES NOW IN	CERTIFYING CAUSES OF DEATH?
VITA	N: The system of the state of t	- H	21a ACCIDENT WAS UNDERLYING		21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN IT	
O.	rySICIAN: ding phys s certifico buriol-troi Mentol Hy or Item 18	7 4	OR CONTRIBUTING CAUSE OF D		DAY YEAR		
DIVISION OF VIT	1 6 6 7 7	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
N/S	NG P r offer the os the thong	2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, EIC.)	CITYORIOWN	COUNTY STATE
0	NDIN I or I or Se Af		22a I certify that (II this hos	pital) attended the declased from	3	85 10 prese	19, that (1) we) lost
	Spito CTO I for of H		above 11 we did did a	of) view the body ofter death.	66_, and that in (my) (our)	opinion death occurred on the date of	nd hour and from the causes stated
	OR A DIRECTOR DIRECTOR DIRECTOR DEPORT.		22b. SIGNATURE	1 11	DEGREE		224 DATE SIGNED
			du	- Man	MUS ATTENI	DING MEDICAL STAFF	14/15/86
	HOSPITAL ined by the FUNERAL old be det on the State		22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS	o Summit Are	Varia L 61
	TO HOSPITAL retained by the TO FUNERAL should be det with the State		Volun	L Bari	(II)		, fensington, Ma
		23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1 23b DATE /1986 K	Name of CEMETERY OR CREMA	ATORY 23J. LOCATION	COUNTY
	BP				5	1 40005 0144	
	DHMH - 16 50M 1/76 (VR A 15 (4))	00	A CAPPOLL CTREE	HEBREW MEMORIAL ET, N.W., WASHIN	CTON D C	250. DATE REC'D. BY REGISTRAR 256. F	EGISTRAR'S SIGNATURE
	(*** > 13 (*))	23	Z CAKKULL SIKE	LI, N.W., WASTIN	GION, D. C.	APR 2 1 1980 7 1	9 10.50

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWNO LTYPE OR PRINTI OF ESTI-6 AGE (IN YEARS DATE PRONOUNCED BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9 BALTIMORE O NEVER MARRIED Maryland United States DIVORCED IR CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS Silver Spring Engeneer- Property Mangement BALTIMORE, MD. 21201 30 STATE 13c. CITY OR TOWN 34 INSIDE CITY LIMITS? 13e STREET ADDRESS Silver Spring Montgomery Maryland 15. MOTHER'S MAIDEN NAME FIRST MIDDLE James Rowe Rose Coughlin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT 3501 Castle Way IYES, NO, OR UNKNOWN) NO 213-28-9492 Silver Spring. Md. 20904 Jovce L.Rowe APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) YH. CERTIFICATION 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO SEE USE E SEE DEPARTMENT OF I YES NO P 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY Inspection 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry ond in my opinion FUNERAL DIRECTOR FTER DEATH, WITH THE ALTIMORE, MARYLAND death resulted from Natural causes Homicide Undetermined monner TITLE (SPECIFY) EXECUTE PAGE 4 S TO FUNE PAGE 4 S AFTER DE BAKTIMOR SPES NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial May 2.86 Meadowridge Mem. Park Howard Co. . Md. 07/B4 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE AD3204 Mountain Rd. **DHMH - 17** (VR A15 ME (5)) 1986 McCully Funeral Home/ Pasadena.Md.21122

aryland Contgomery liver Spring This will be a second to the s error known neur swelle die en dere. He en 19

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			100				OF MARYLAND		1 1	2 0	4 6
00-03	153	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	2 0	
9 e	death		OR PRINT) SYLV		MIDDLE	RUD	TZ	APRIL	3, /	1986	26 HOUR 1/4/
ge 4 may	rs after d	3 SEX	FEMALE.	4 RACE WHITE	4	S. DATE C	E BIRTH L. 4, DAY 1898 AR	6 AGE TINYEARS LAST BE	YRS	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
eath. Po	in 72 hou	7a BI	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	DIVORCED	9 BALTIMORE CITY O		OF DEATH	MD.
softer d	Inted with		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET BAN HOSPIT	ADDRESS)	R OTHER INSTITUTION	HOUSEWIFE	ION	12b. KIND C	HOME
AND 212 n 24 hour	nould be	13aM		NT GOMERY	SILVER	PRINC	13d. INSIDE CITY LIMITS?	136.STREET ADDRESS 1135 UNIV		2090 BOULEY	02 VARD, WEST
MARYL.	7 7 7 7		THER'S NAME UNASCERTAINAE	SLE)	SCHRETBI	ER	PESSAL	WE		NARCT	SCENFELD
IIMORE,		16a V	O NO OR UNKNOWN)   (IF YE	. ARMED FORCES? S. GIVE WAR OR DATES)	078-20-2		SELMA R. 1	OUNAYER, 73	53 NEW KOMA P	HAMPSI ARK. MA	HIRE AVE.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'  Record of the low requires that the death certification within 24 hours of the other this certificate has been signed by the oftending investment in the low been signed by the oftending investment in the low been signed by the oftending investment in the low been signed by the oftending investment in the low been signed by the oftending investment in the low been signed by the oftending investment in the low been signed by the oftending investment in the low been signed by the oftending investment in the low been signed by the oftending investment in the low been signed by the optending in by	i please remave corta pa iurial, cremation, or en y, ar other traumatic evell		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DIATE CAUSE (6)  DUE TO, C	DR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		ADITION GIVE		i day.
L RECORDS	permit. The	CERTIFICATION	19a DATE OF OPERATION	19b. COND			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
VISION OF VITA  Page   Page    G PHYSICIAN: TI  ottending physicia	the burial-transit and Mental Hygii ked or Item 18 sh	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (# EITHER, NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED  WHILE NOTIFY HE AT WORK AT WORK	F DEATH HOUR A	OF INJURY  .M. MONTH DA  .M.  OF INJURY IREET, FACTORY, OFFICE, F	19	21c. HOW INJURY OCCUR		JRY IN ITEM 18 PA		STATE
OR ATTENDINE HOSPITOL OF	re detached for use as State Dept. of Health ANT: If Hem 21 is mark		220.1 certify that (1) (thus he saw the deceased alive obave, (1) (waster decided (displayed)). SIGNATURE			. or	d that in (my) approximate physician EPHYSICIAN E		late and haur	ond from the	
TO HOSPITAL retained by the TO FUNERAL	should be det with the Stote IMPORTANT:		URIAL, CREMATION, REMO	BARRY H	236 1	NAME OF C	22e ADDRESS 3941 FE	RATA DA	VEJ -W)		
BP			URTAL	4/6/1			BANON CEMETER	ADELPHI,			
	6 60M 7/B4		NADDRY OSTEIN 2 CARROLL STR		ADDRESS			ADDO.			



00-04474	1-	FOR STATE REGISTRAR		STATE C DEPARTMENT OF HEADICAL EXAMINER		- D Am	1 2 REG. NO.	041
SARY, PLEASE AL DIRECTOR. YOUR FILES. YOUR FILES.	I SE	-	5. DATE OF BIRTH MONTH DAY  18. CITIZEN OF WIF	2623 SYRS.	FUNDER I YR. IF UNDER ANNIHS DAYS HOURS	OF DEATH 24 HRS. 20 DATI PRONOU DEAI	KNOWN MONITE ESTI- MATED AMONITE EMORITE	191985 AM
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RE, AD. 21201 EATH, F ANY L EST, 2, AND 3 F PM 3, RETAIN AND 2 SIPPUED AND 2 SIPPUED AND 3 SIPPUED A	13a :		Montgomery  Middle	VERESIDENCE BY DRE ADMISSION)  13c CITY OR TOWN  LAST  Tawasha	13d INSIDE CITY LIMITS? YES NO 1  15. MOTHER'S MAIDEI  FIRST  Fredeh	13e STREET ADDR	2 GVEVE	LAST LAST
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. CERJIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITHING THE WORD "PENDING" IN PENCIL IN ITEM TO PET SHOULD BE USED AS A BURRAL "TANNISH PREMIT PERPARTMENT, OF HEALTH AND MENTAL HYGIBLE DEPARTMENT, OF HEALTH AND MENTAL HYGIBLE DEPARTMENT.	NO	Conditions, if ar gave rise to it cause (a) stating t lying cause last.	IS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR  To, which  mmediate	AS A CONSEQUENCE OF	ISEASE OR CONDITION GIVEN IN PAR	revd	iz ( Di.	BETWEEN ONSET AND DEATH
DIVISION OF VITAL REC HIS CERTIFICATE SHOULD E WRITING THE WORD "PEN ARDED TO THE CHIEF ME ACT S SHOULD BE USED A ATE DEPARTMENTO FILED PROFITED FOR TO BURIAL, CF	MEDICAL CERTIFICATION	210 EXTERMAL CAUSE UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE WHILE NOT WAT WORK AT WORK	R AUSE OF DEATH	MONTH DAY YEAR	N WAS PERFORMED?  IC. HOW INJURY OCCURRED  F LOCATION  STREET	) (ENTER NATURE OF IN		20 AUTOPSY2 YES NO TO
TO MEDICAL EXAMINER: 1 EXECUTE THE CRRTHCATE, PACE 4 SHOULD BE FORM AFTER CRATH WITH THE SIN BALLTMORE, MARYLAND;		220   Certify that   t death resulted fram: ACTUAL SIGNATURE EXAMPLES NAME DECOR PRINT)	Natural causes (South South So	Accident Suicide		Undetermined m  MEDICAL EXAM  Seminary	MINER SIGN	April 17/188
07/84 BP	-(	GRIAL, CREMATION, RESPECTIVE BUTIAL UNERAL DIRECTOR TO		236. NAME OF CEMETE 86 Gate of Hea	wen	23d LOCATION CITY OF TOWN SILVET EC'D. BY REGISTR	Spring Mon AR 125b. REGISTRAR'S	tgomery Md.
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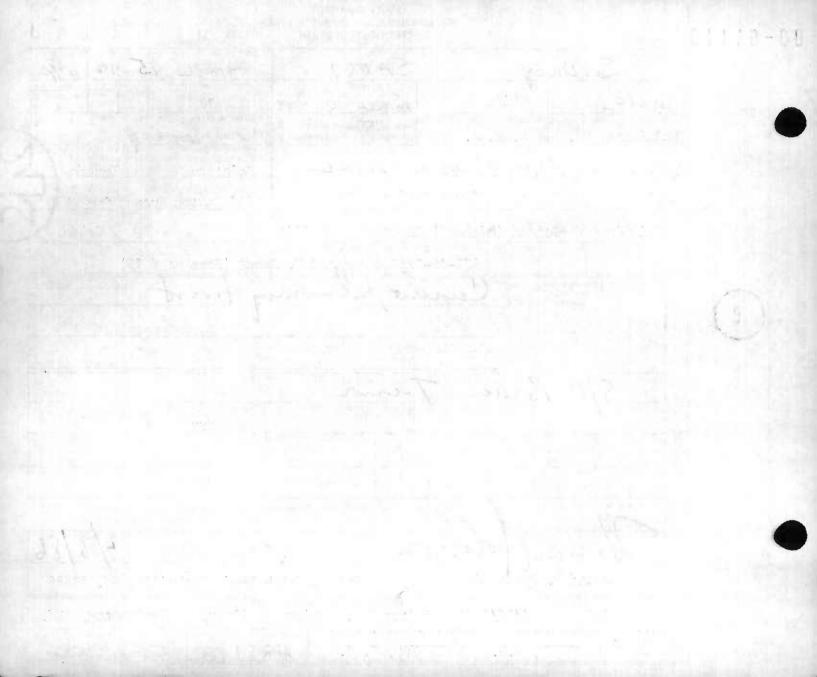
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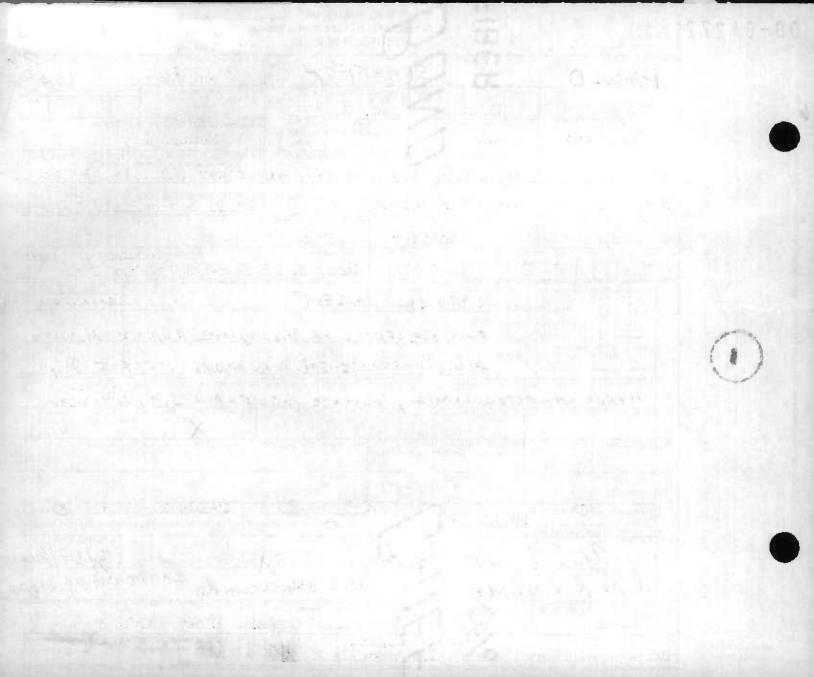
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20. DATE OF DEATH MONTH	DAY	YEAR	26	HOUR	
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9		FOR STATE REGISTRAR					EALTH AND MI	ATH	S REG. NO		20	4 8
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5	Ba	Utimore, M	d.	u.s.		MARRIE		RRIED	MONTSO	mER	126. KIND OF BU	MD,
8	51	IVER SPRI	ngt		ROSS		TAL	_	Salesman			
6	130. S Mar	yland	Montgo	mery	Silver S	pring		10 🗆	2804 Daws		rue 20'	92
C		Phillip	Isi			Samet		öllie	MIDDLE		Coh	en
1	16a V	VAS DECEASED EVER IT		ED FORCES? VAR OR DATES)	577-05-		Margare		amet (Same		13)	
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	MED	216 INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	Е П	ZIE PLACE C	OF INJURY IIII, FACTORY, OFFICE	FARM ETC.)	211 LOCATION		CITY OR TO	VN	COUNTY	STATE
		220. I certify that (I)	I adies on the district of the	Str	1 AV		ATT PH 22e ADDRESS	ENDING	*MEDICAL STAP DIRECTOR PHYSIC  Road, Roc	F IAN 🗌	22c. PAVE SIGN	186
	23a. B	URIAL, CREMATION, R SPECIFY) Burial	EMOVAL	236 DATE 4/17/	1986 J	NAME OF CI	Mem. Ga	ematory rdens	Olvey,	Mont	gomery,	Mat.
		NAREDIMINISTE 2 CARROLL S		BREW MI	EMORIAL , WASHIN	FUNERA GTON,	L HOME D. C.	250 DATE	REC'D. BY REGISTRAR	Sh. REGISTR	AR'S SIGNATURE	desc.

DHMH - 16 60M 7/84 (VRA 15, 4)

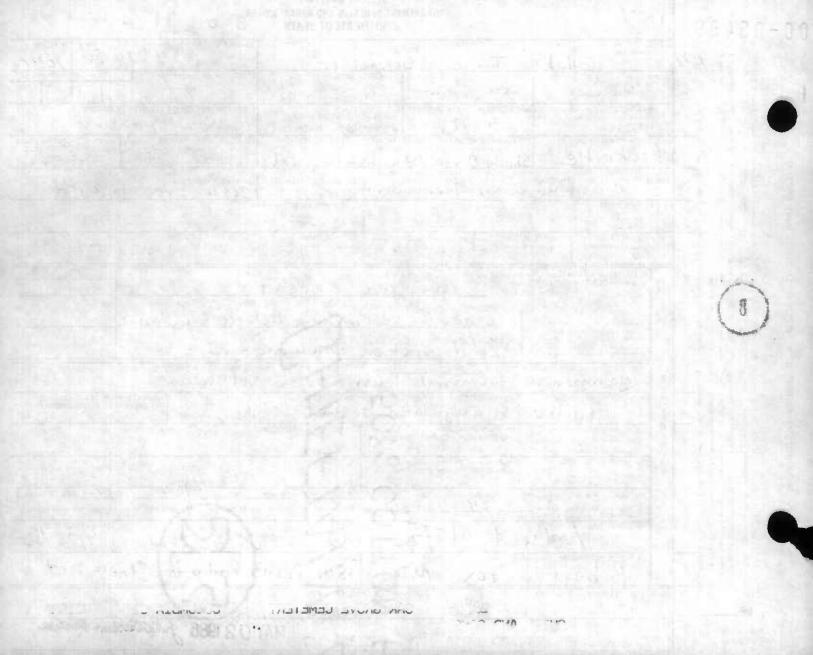


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	1. DEG		FIRST	N	AIDDLE	COMA	AST	20	DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR 35
page 3	0.55	HAROL D	Lun	ACE		2 ('FI/T	DE BIRTH	4	3. 2 /	86	F UNDER 1 YEAR	F UNDER 24 HRS
tor. p	3. SE	Male	4. K	Whi	te	Jan	DAY YEAR	R	71		ONTHS DAYS	HOURS MIN.
Pognis Hours		RTHPLACE (STATE OR FOR		CITIZEN OF V	WHAT COUN	2010	XX NEVER MARRIED	0	BALTIMORE CITY	OR COUNTY		
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Sed the	0	OCITUILLE		(IF NOT IN SUC	H FACILITY, GIVE S		1.	- 0	Broker	OF WORKING LIFE		
illed in lind be f	USU	AL RESIDENCE HE NURSING	HOME OR OTHE	omery	GIVE RESIDENCE	SEFORE ADMISSION)	113d INSIDE CITY LIMIT	ITS? 113	STREET ADDRESS	s/zipcode eaconf	ield	20874 Terrace
mpletely franchistory		Samuel	MIDD		Scha	ffer	15. MOTHER'S MAIDE  FIRST  Kate		MIDDLE		Fe1	dman
Pages 1		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) Yes	U.S. ARMED	FORCES?	166 SOCIAL :	SECURITY NO. 3-3175	Martin P.	Scha	affer-118	PRESS Poto 40 Beek	man P1	
physicio npopers. maval.		18 CAUSE OF DEATH	Enter only o S C AUSED BY AMEDIATE C	ne couse per Y:	tine for (0), (b)	ol, and ici.1	ANNEST				A	ONSET AND DEATH
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the buriol-tr and Mental and or Item	MEDICAL	21d. INJURY OCCURRED	D	21e. PLACE		U. Marie	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
TOR: After to so	7	220 I certify that Otto	olive on	MARCH	2/	om JUI 19 86	nd that in (a) (our) op		to MARC			that (we) lost
retained by the host TO FUNERAL DIREC should be detached with the State Dept IMPORTANT: If tem		22d. PHYSICIAN'S MAN	AE (TYPE OR PRI	mi	is/	M	ATTENDI PHYSICI 1276 ADDRESS 12116 DATA	1	DIRECTOR PHY	GAITH2	3/	27/86
0 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23a.	BURIAL, CREMATION, RE	MOVAL 2	3b DATE			CEMETERY OR CREMAT	TORY	23d LOCATION		COUNTY.	STATE
BP		SPECIF Burial UNERAL DIRECTOR		3-28-1		Judean wille,	Memorial Ga		s Olne	y, Mary	Land	TURE
MH - 16 50M 4/83 (VRA 15, 4)		enzańsky-Go.	ldberg	Chape				MOMESTA IN IN	3 - 1985	distante.	<b>河温水</b>	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20. DATE OF DEATH SCHNEIDER MONTH ETHEL TRENE 2b. HOUR TYPE OR PRINTI 86 1031 PM 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS VEAR OS Cleucasian To BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY -gomery Mont INDTANA WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MUDILE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! KOCKU OWNER/OPERATOR Gove Adventist HOME PARK USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13g. STATE 13b. COUNTY gernantown 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? montainer 7.0320 rederick YES TH NO T 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE CLÄRA SCHOENAUER MILLEDGE JACOB ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NORA BENNETT. (SISTER) RR#1 LARWILL. INDIANA 46764 316-05-7346 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: Cardiac arres IMMEDIATE CAUSE (a)\_ W. PRESTON SI DUE TO, OR AS A CONSEQUENCE OF vespirator adult Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. pneumonia aspiration BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION volvulus 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? 86 Strangulated howe NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE STREET NOT WHILE 220 I certify that (1) (this haspital) attended the deceased fram. 86 saw the deceased alive on \_\_\_\_\_\_ abave, (I) (we) (did) (did not) view the bady after death. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c. DATE/SIGNED ATTENDING MEDICAL FUNERAL and be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ince Philip Dr. Olney, Mid with 1 0 230, BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL COLUMBIA CITY, INDIANA 4/ 29/86 OAK GROVE CEMETERY 1996 RABILLES STEARS SO MANGE DE SMITH AND SONS 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 207 N MAIN STREET, COLUMBIA CITY, INDIANA 4672 (VRA 15, 4)



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ATE C	EDEATH	MINACOM	DAY	VEAD	a HOLE

١	REGISTRAR		CEKTIFI	CATE OF DEATH	REG. NO.					
	1 DECEASED NAME (TYPE OR PRINT) CLA	RA	Schi	ulman	20 DATE OF DEATH	28	1986 420 PM			
	3. SEX	4 RACE	5. DATE OF	Billion	6 AGE (IN YEARS LAST BIR			IF UNDER 24 MRS		
	Female	White	Jüly	15, DAY 1903 YEAR	82	YRS	THS DAYS	HOURS MIN.		
-		76 CITIZEN OF WHAT COU	NTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF	DEATH			
1	Russia	U. S. A.	WIDOWE		Montgomery					
	JO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATI	64	126. KIND OF	BUSINESS OR		
5	Jilven Spring	(IF NOT IN SUCH FACILITY, CA	NOSS K	tospital	Housewif		Own	Home		
	130. STATE Maryland Monte	gomery Silve	R TOWN  R Spring	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	I Mill	Road.	Apt. 820		
	14 FATHER'S NAME			15 MOTHER'S MAIDEN NAM						
1	wolf	Kerma		(Unknown)	WIDDLE	(	Unknow	in)		
1	160 WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	12023 Coldstream Drive,					
	NO OR UNKNOWN) (IF YES. GIV	No No OR UNKNOWN) (IFYES. GIVE WAR OR DATES) 579-6		Stuart I. Sch	chulman Potomac, Maryland 20					
	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a),	and ich		7 7 7 7		APPROXIM BETWEEN OR	ATE INTERVAL		
1	PART I. DEATH WAS CAUSE	D BY:	esper	atty a	reec		61	burs.		
		DUE TO, OR AS A CON	ISEQUENCE OF							
	Canditions, if any, which	( 1b) tel	laka	ut lung	Couces	4				
	gave rise to immediate cause i.a. stating the DUE TO, OR AS A CONSEQUENCE OF									
ı	underlying cause lost.	(c)						VEL D		
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 10			
	NO L									
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATION	I WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	G CAUSES C	OF DEATH?		
4	THE	2 AN THE OF BUILDY		21 110111 11111111111111111111111111111	YES NO	YES [	]	NO 🗌		
î	OR CONTRIBUTION TO CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCURR	LED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART	OR PART 2)			
	(IF EITHER NOTIFY MEDICAL EXAMINER		19							
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
	WHILE NOT WHILE AT WORK		, , , , ,	.0	01.					
	220 I certify that (I) (this hospit			JAN 19 00	e. 10 7/6	, 19_	06, 1	not (I) (we) last		
	saw the deceased plive on above, (1) (we) (did) (did not	t) view the bady after death.	_19	that in (my) (our) apinion d	death accurred on the do	ate and have an	d from the co	auses stated		
	228. SIGNATURE	1 1.	1,00	EGREE ATTENDING	MEDICAL STAF		THE DATES	IGNED		
_	Lewyl	-/ Xul	M)	PHYSICIAN	DIRECTOR PHYSIC		4/0	0/66		
	PAYSICIAN'S NAME TYPE O	RPRITY BISK	1,0	22e ADDRESS	200106	Zinh	1.0	La		
	1 Elolog C	-10101-	M)	102129	englan	veni	new	ming		
	23a BURIAL, CREMATION, REMOVAL		23c. NAME OF CE		Huattsvi	000	HNIY O	140		
	Burial	4/29/1986	Mount	Lebanon	Hyacisvi	ue,	P. G.	Ma.		

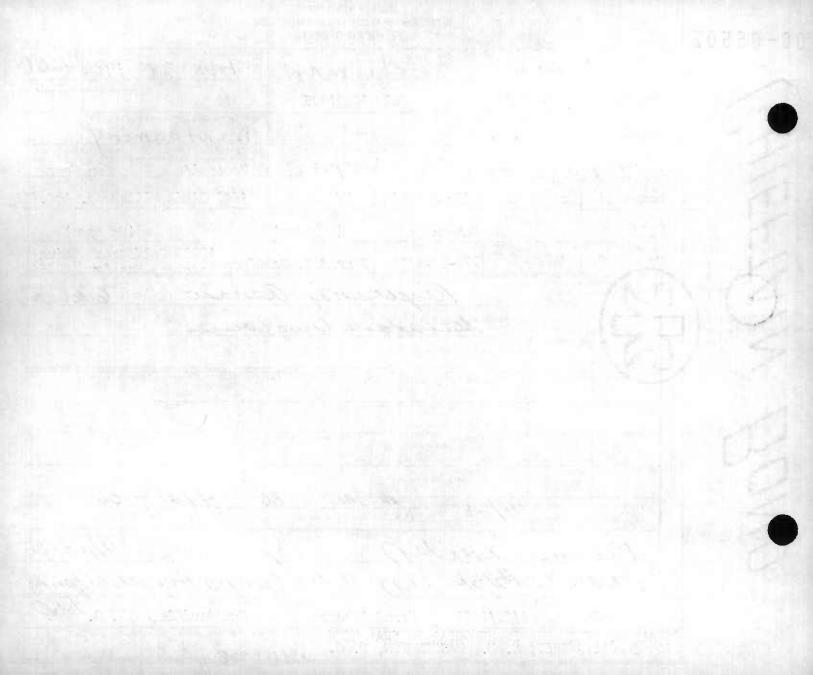
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

DONALD MC STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

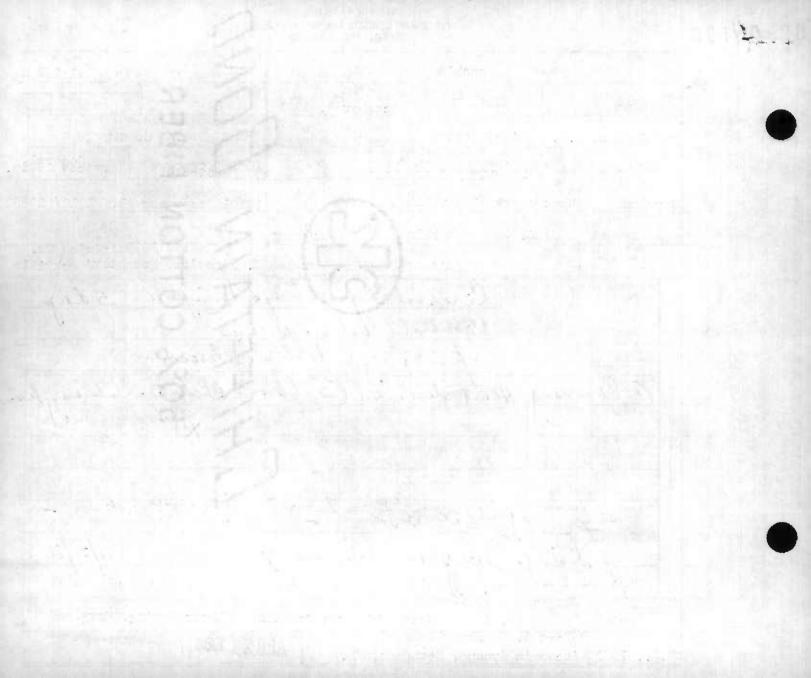
Hyattsville, 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



P.A., 7557 Wisconsin Avenue, Bethesda, MD.

DHMH - 16 60M 7/84

(VRA 15, 4)



DHMH - 16 60M 7/B4 (VRA 15, 4)

Capitol Funeral Service, Falls Church, VA

DD 21 1000 Julie Theriday Bordell

Captrol Femoral Sorgion, Valley Church, Vones Janeary Torical

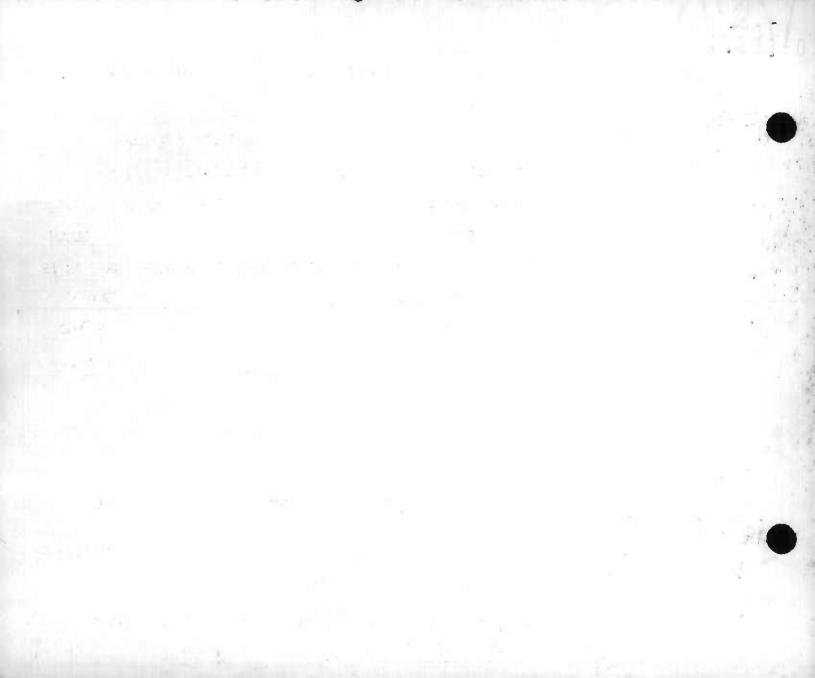
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH I DECEASED NAME MIDDLE MONTH YEAR 2b. HOUR (TYPE OR PRINT) 4 RACE DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS TE UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR CASIAn In BIRTHPLACE (STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED MONTFOM MARYLAND DIVORCED | 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY GROCER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MON DOLESVILLE NO X 20301 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE GUSTA ADDRESS P.O. BOX 96 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OR DATES! (YES, NO OR UNKNOWN) POCLESVILLE . M.D. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 228.1 certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive on 2-3 weeks a1019 86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION REMOVAL 23b DATE CITY OF TOWN PRESBYTHO BERMAN TOW 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE BON & BADDRESS DHMH - 16 50M 4/83 BARNETUILLE MD 2083 SPR 25 40001 (VRA 15, 4)

	STATE OF MARTLAND
FOR STATE FEGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH
LOGINAN	

REG. NO	ì	2	U	5	ວັ
OF DEATH A	MIMON	OAY	VEAR	21	HOLID

	LOISINAN					REG.	NO.				
TYPE	CEASED NAME FIRST	DECTMA		AST C	_	2a DATE OF DEATH	нтиом	OAY YEAR	2b. HOU	IR	
	EVEL YM	REGINA		LER	7	2	4/ 11/	86		N	
1. 5E	Χ.	4. RACE	5 DATE C		YE A D	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS	MIN.	
	FEMALE	CAUCASIAN	MAS	1 26	1917	68	YRS.				
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	OUNTRY?	NEVER	MARRIED -	9 BALTIMORE CITY					
		USA			DI DIVORCED I MONTGOMERY MARYLA						
	OCCUPATION OF DEATH	11. NAME OF HOSPITA	GIVE STREET ADDRESS)		IIIUIION	17a USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKING	12b. KIND C INDUSTRY	F BUSINE	:55 OR	
	CKVILLE AL RESIDENCE (IF NURSING HOME OF	16228 MONTY	DENCE BEFORE ADMISSIONI	20853		HOME MAKE	R				
13a S	STATE 1136. COUR	VTY 13c CIT	Y OR TOWN KVILLE	13d INSIDE C	ITY LIMITS?	16228 MON	TY COL		853		
TE	ATHER'S NAME FIRST	MIDDLE SMI	TH LAST	IS. MOTHER	S MAIDEN NAM	WIDDLE		LAS E	SURCH		
16a V	60 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES NO OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)		CIAL SECURITY NO.	17. INFORMA			RESS				
,	YE'NO OR UNKNOWN) (IF YES, GIV	578	578-16-2216   JOHN ELWOOD		ELWOOD S	SELLERS H	SAME	SAME AS 13			
	18 CAUSE OF DEATH (Enter or	nly one couse per line for i	o), (b), and (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	. PART I. DEATH WAS CAUSE	TE CAUSE (0)	omA					24	242.		
		DUE TO, OR AS A C	ONSEQUENCE OF					-	-2.5		
	Conditions, if any, which (b) A carte la Recursa							3	3 40		
	gove rise to immediate Cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							- 27			
	underlying couse lost	(c)									
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED	TO THE TERMI	IN AL DISEASE OR CO	NDITION G	IVEN IN PART II	D		
TIO	190 DATE OF OPERATION	IN CONDITION FOR WHICH OPERATION WAS DERFORMED				20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED					
CERTIFICATION	THE DATE OF OPERATION	IN CERTI					IFYING CAUSES	NO [	TH?		
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	116. TIME OF INJUR		21c HOW IN	IJURY OCCURR	ED (ENTER NATURE OF IN	HURY IN ITEM 18	PART I OR PART 2)			
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19								
MEDICAL	21d. INJURY OCCURRED	LAT HOME STREET FACTORY OFFICE FARM FICE STREET CITY OR TOWN					COUNTY		STATE		
~	AT WORK AT WORK	6.									
	22a-1 certify that (I) (this hospital) attended the deceased from 19 19 19 19								thot (1) (		
	sow the deceased alive on 3/5 9 19 5 and that in (my) (our) apinion death accurred an the date and hour a obave, (I) (we) (did) (did not) view the body after death.								and from the couses stated		
	226. SIGNATURE	0		DEGREE	ATTENDING	MEDICAL ST	AFF	22c. DATE	SIGNED		
	daar		1 in m.		PHYSICIAN [	DIRECTOR PHY		7(1	2101		
7.0	The trible of the trible print	PRINT)	JAN	22e ADDRES	£ 3a	PENT	Pre 5	7			
23a. E	BURIAL, CREMATION, REMOVAL			EMEJERY OR	CREMATORY	23d LOCATION		`			
1	BURIAL APR. 15.1980 GATE OF CEMETERY OR CREMATORY SILVER SPRING MEDICATION SILVER SPRING MEDICATION SILVER SPRING MEDICATION SPRING MEDICA						MONTGOM	ERY	MD.		
24. FI	UNERAL DIRECTOR FRANCI			CLIVILI	25a. DATE			TRAR'S SIGNAT			
	O UNIVERSITY BL			G MD	1	4FK 1 / 198	0 June	o pilotager	Alana		
0	O UNIVERSITY BL	VV. WEST SI	LVEK SPKIN	G, MU.			0				

DHMH - 16-50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN CHIEH SHIH CHENG (TYPE OR PRINT) OF ESTI-FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESTON STREET, DEATH MATED 4-11-8610 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS DATE HOUR ON: DAY LAST BIRTHDAY) PRONOUNCED 35 1951 Male Apr. 4 Oriental DEAD YRS 4-11-86 19 7g. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Taiwan **IISA** DIVORCED Montgomery County FILED, ID CITY OR TOWN OF DEATH Programme to LIEF OF WORK 125 KIND OF BUSINESS OR INDUSTRY II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Bethesda Suburban Hospital Z. Inc. Analyst. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Apt. 102 13a STATE Rockville 13d INSIDE CITY LIMITS? 13e STREET ADDRES Montgomery 12201 Village Square Terr. 20852 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AARDDLE MIDDLE Ching-Hai Shih Kwei-Tzu Hsu 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 272-74-4982 Shu-Ling Huang-wife (same as 13e) N/A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cranio-cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X DEPARTMENT NO [ 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOK
CONTRIBUTING CAUSE OF DEATH UNDERLYING 11;50a 4-11-869 occupant in an auto/auto collision 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WALL THE STATE BALTIMORE, MARYLAND, 21201 WHILE AT WORK hgwy. 270 Westbound 200vds. Mont. Co.Md before Rt. 28 220. I certify that I took charge of the remains described above, held an and in my apinian death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 4-12-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Marciarita A. Korell, M. DDRESS (TYPE OR PRINT) 111 Penn Street 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE "Cremation Apr. 17,1986 Lee! Crematory Washington, D.C. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 11800 N.H. Ave., ome Silver Spring, Md. **DHMH - 17** Hines/Rinaldi Funeral Home Juna Hurdson- Handale (VR A15 ME (5))

A STATE OF A STATE OF THE STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATER REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF EST1 S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. RESTON STREET, DEATH MATED 1901/ 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF LINDER 1 YR IF UNDER 24 HRS DATE 2d HOL LAST BIRTHDAY) PRONOUNCED DEAD 2/2/ YRS a BIRTHPLACE (STATE OR COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Washington, DC AND 3 TO THE FUI RETAIN PAGE 5 I MOULD BE FILED V RECORDS, 201 W. ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Carpenter Woodwork USUAL RESIDENCE (IF IN NURSING Apt. 101 13a. STATE 3d INSIDE CITY LIMITS? 13e STREET ADDRESS Leoleent!) Rainier NO B257 Queenstown Drive FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST R. Shirley Harlev Shirley Shirley Wnitacre 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) No 216-86-5985 Harley R. Shirley, Mt. Rainier, MD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AL-TRANSIT PERMY MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY: MULTIPLE 22 IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION USED / 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CRETIFICATE, WRITING THE WORD POGE 4 SHOULD BE FORWARDED TO THE CHILD FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WILL THE STATE DEPARTMENT OF BALTIMORE, MARY CAMD, 21201 PRIOR TO BURI MULTIPLE YES [ NO Z 216. TIME OF INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DOR HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY AT WORK AT WHILE STREET, FACTORY, FARM, ETC. STREET 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident 4 Natural causes Hamicide Undetermined manner SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATOR Burial 4-11-1986 Timber Ridge Cemeterv High View, Hampshire, WV. 07/84 BP 25M 24. FUNERAL DIRECTOR DHMH - 17 GIFFIN FINE HOWE, Capon Bridge, WV 26711 (VR A15 ME (5))

POI LEG Prison modernment time a principal co

AND HER SELD AND ALGER

# 00-0484 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayol. IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumotic event, the medical

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR			and the second second				REG	NO.	0.00	
0			IRST	N	MIDDLE	{	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
)	TIANE	OR PRINT)	VELYN	alte.	R.	SHC	RTS		APRIL	21,	1986	11:30
	3 SEX	(	4 RA	ACE		5. DATE C			6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
		Female		white		JANU	ARY 10,	1922	64	YRS	MONTHS DAYS	HOURS MIN.
-		RTHPLACE (STATE OR FORE	IGN 7b C	ITIZEN OF V	WHAT COUNTRY?	8	D NEVER M	ADDIED [	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
5	]	Md.		USA		WIDOWE	DIX DIV	ORCED				MD.
2	10. CI	TY OR TOWN OF DEATH			HOSPITAL, NURSINI H F <u>a</u> cility, gi <u>v</u> e street a			170 USUAL OCCUP			F BUSINESS OR	
(	R	ockville	/	215	Crabb Av	enue			H. Make		Home	
-		AL RESIDENCE (IF NURSING	HOME OR OTHE									
5		Md.	Mont.		13c. CITY OR TOWN		13d INSIDE CIT	NO []	13e.STREET ADDRES			
-	_	THER'S NAME		Rockvil	Le	15 MOTHER'S		215 Cral	b Aven	ue 2	0850	
1	111	FIRST	MIDDL	LE	LAST			IRST	WIDDLI		LAS	ī
/		JOSEPH HOMER ORME			S		BEULA	H VIR	GINIA		NILL	
1		VAS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SECUR	RITY NO.	17 INFORMAN	1T	AD	DRESS	-	100
1		NO NO	IF TES GIVE WAR	R OR DATES)	216-16-	0419	REBEC	CA SHO	RTS SAM	CAS #	13	123/14
		18 CAUSE OF DEATH			line for (a), (b) and	ici.		/	_	- "	BETWEEN	MATE INTERVAL
9.1		PART I. DEATH WAS	CAUSED BY MEDIATE CA		C	xxiliz	ac ou	rest				
	7	1741							1	H-Pro-		VE-4-5
		Carallatana II		DUE TO, OR	R AS A CONSEQUE	NCE OF	Com	2.01	Viniane			
		Conditions, if ony, w		ıp)	150	vu	Gar	-dry	ersun			
		couse (a), stating underlying couse	the lost.	DUE TO, OR	R AS A CONSEQUE	NCE OF	H		*			
			(	(c)		a	Leve	sur	isis			
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F									EN IN PART 110	
9	10	sure ling disease										
9	CA	19a DATE OF OPERATIO	N	19b. CONDI	TION FOR WHICH	WHICH OPERATION WAS PERFORMED			20a AUTOPSY?		WERE FINDIN	
X	CERTIFICATION								YES NO YE			NO T
	CER	210. ACCIDENT WAS UNDERL	YING -	216. TIME OF			71c HOW INJ	URY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART 1 OR PART 2)	
7		OR CONTRIBUTING CAU			M. MONTH DA							
	MEDICAL	(IF EITHER NOTIFY MEDICAL I		P.A 21e. PLACE C		19	211 LOCATION	NI .				
	MEC				DE INJURT EET, FACTORY, OFFICE, FA	RM ETC }	STREET		CITY O	TOWN	COUNTY	STATE
		AT WORK AT WORK									4.	
		220.1 certify that (1) (th		ottended the		,		, 19 7	, to	1.21	1926	that (I) (we) last
	0.3	sow the deceased a phove, Ill (we) (did)	Idid not vie	= the body	ofteredepth 19 Q	0.00	id that in ·my) (	our) opinion o	death accurred on the	date and hou	ond from the	couses stated
		22b. SIGNATURE	11	1)	1/	1 1	DEGREE	21657			22c. DATE	SIGNED
		1	7-1	16de	hor			TENDING	MEDICAL S	TAFF SICIAN []	4.	2286
1		22d. PHYSICIAN'S NAME	TYPE OR PRIN	(T)	HADI BAH	urb /	22e ADDRESS			0 00		
		8218 V	VISI	Mah	AW DAI	Z H	+ M	0208	THAN	1 BA	HASC	
	73n B	URIAL, CREMATION, REA	AOVAL Tas	b DATE	123, N	AME OF C	EMETERY OR CE	DEM ATORY	123d LOCATION			
	(:	BURIAL			24,1986			CEMATORY	CITY OR TOWN		COUNTY	STATE
1		TOTOTAL	1	LLITE	44 1 700	PARI	KT.AWN		POCKWITT	III MC	ATTE X	(m)

DHMH - 16 60M 7/84

ATTENDING PHYSICIAN: The law

retained by the hospital or attending physician.

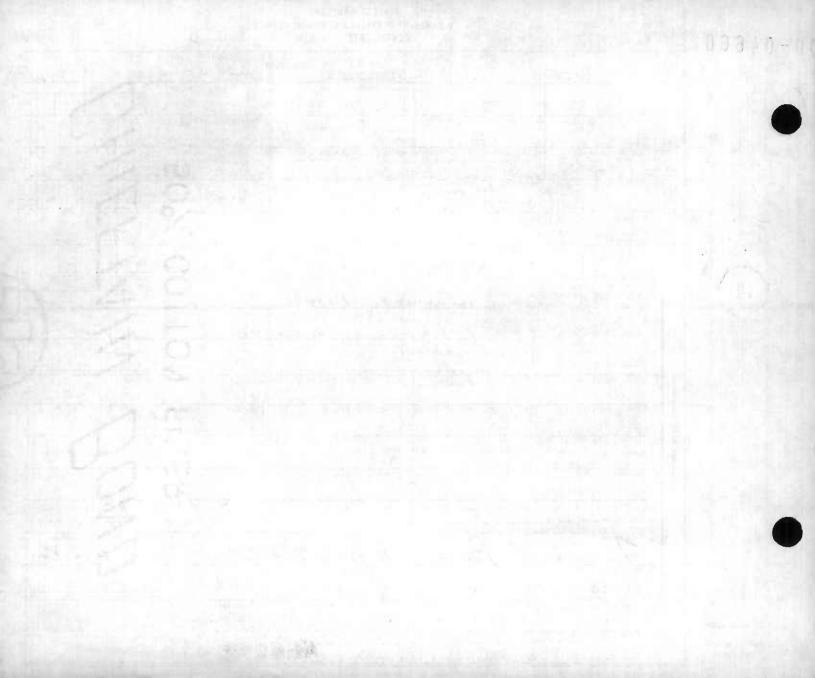
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24 FUNERAL DIRECTOR FRANCIS H. BARBER (VRA 15, 4)

LAYTONSVILLE, MD. 20879

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00-	03003.	1	REGISTRAR CEASED NAME FIRST	ME	MIDDLE		ERTIFICATE				
	X.		OR PRINT)		WIDDLE	0-	AST		OF ESTI-	MONTH	DAY YEAR 26 HOUR
	PLEASE ECTOR. FINES. HOURS STREET	2 051	Kubh		P	UIM	woon		DEATH MATED	April	5 19 87 AM
	SECE	3. SEX	4. RACE S. E	DATE OF BIRTH	YEAR LAST	BIRTHDAY) MONTHS	DER 1 YR. IF UND	ER 24 HRS. 2c.	DATE	MONTH	DAY YEAR 2d MOUR
- 27	ARY COUNTY TON	4	- W	GPT. 27	2/69	YRS.			DEAD	10vul	5 19 8 X M
- 4	FANY DELAY IS NECESSARY, PLEAS AND 3 TO THE FUNERAL DIRECTOR RETAIN PAGE 5 FOR YOUR FIVE HOUSE BE FILED, WITHIN 72 HOUR RECORDS, 201 WARRESTON STREET	FC	REIGN COUNTRY)	ZITIZEN OF WI	HAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED X 9 1	BALTIMORE CITY	OR COUNTY	OF DEATH
2	SAN	WA	SHINGTON, D.C.		5.A.	WIDOWE		RCED 🔲	100	non	amely MD
	SHEET STATE	ID CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING I	HOME, OR OTHE (PESS)	RINSTITUTION	12e. USUAL FOR MOS	OCCUPATION (1	TYPE OF WORK 12	26 KIND OF BUSINESS OR INDUSTRY
	DELAY N PAC N PAC SOS, 20		20 /21/c	En/a	sh Nd	vent	1/108)	e SEC	RETTYPY		JAVAL OPDINANCE
	AND 3 RETAIN ECOND	13a S	L RESIDENCE (IF IN NURSING HOME OR OTH	HER INSTITUTION, GR	VE RESIDENCE BEFORE A	DMISSION)	13d. INSIDE CITY LIMITS		1		1 20901
	AND AND SHOULD SECOND		M. J. Mer	rb_	12K	PZVK	YES NO	733	Dolligo	DUR	Dod 201
	E, MD. 2 S.1, 2, A P.M. 3, B. P.M. 3, B. V. 1, 2, A V. 1, A V	14. F7	THER'S NAME FIRST MI	IDDLE	LAST		IS. MOTHER'S MA	IDEN NAME	MIDDLE		LAST
	DEATH GEST, W PW AND 2			R.		ONS	PET	RONA	-	PET	RUCKA
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.  S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IT RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, 23 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGES 1 AND 2 S) EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WARL  OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	16a. V {Y	AS DECEASED EVER IN U.S. ARMED	FORCES? OR DATES)	166. SOCIAL SEC	CURITY NO.	7. INFORMANT		ADDRE	SS 733 :	SUGO ANE HZOI
	STON ST., BALTIMC V 24 HOURS AFTER IN ITEM 18. GIVE PAR ALONG WITH FOR IT PERMIT. PAGES I TPERMIT. PAGES I OVAL.		NO N	SONE	577-23	3-8378	PETRONA	FITTER	- (MOTHE	R) SIWE	R SPANG, MA
	HOURS, M. 18. GI. B. W. 18. GI. B. W. 18. GI. B. W. 18. GI. B. W. 18. W. 19. W.		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY	ne couse per line	for (a), (b), and (c	).)		0			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	A ALC A ALC A A A A A A A A A A A A A A A A A A A	1	088	DUE TO, OR	AS A CONSEQUE	NCE OF	1	,			
	COT W. PRESTUTED WITHIN TO PENCIL IT EXAMINER. RIAL-TRANS ID MENTAL HON, OR REMINER.		Conditions, if ony, which gave rise to immediate	(b)	FYER	Luve	16. 1	210			
	PEN		cause (o) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF					
	EXECUTED ING. IN PRICAL EXAM A BURIAL - H AND MEI WATION, O			(c)							
	L RECORDS, 201 W. PRESTON ST.  ULD BE EXECUTED WITHIN 24 HOU. "PENDING" IN PENCIL IN ITEM IS FENDING" EXAMINER ALONG F MEDICAL EXAMINER ALONG FEN AS A BURIAL - TRANSIT PERMIT HEATH AND MENTAL HYGIENE, LL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEASE	OR CONDITION GIVEN IN	PART 1 (a			
	AALTI CREE	ő	10 6M								
	TAL RECA	S	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION WA	S PERFORMED?				20. AUTOPSY?
	CERTIFICATE SHOULD TING THE WORD." PER SED TO THE CHIEF M 33 SHOULD BE USED A BEBRATMENT OF HER IPPORT TO BURKLAL, CI	CERTIFICATION	Mone								YES NO
	ANEW MEN		210 EXTERNAL CAUSE WAS UNDERLYING OR	216. TIME OF HOUR A.M	MONTH DAY	YEAR 21c. HO	W INJURY OCCUR	RED LENTER NATU	IRE OF INJURY IN ITEM	18 PART 1 OR PART	2)
	NO HOUTE	S	CONTRIBUTING CAUSE OF DEAT			984	rell a	tho	me		
	IVIS DED DED DED DED DED	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY (AT HO ORY, FARM, ETC.)		ATION	CI	TY OR TOWN	) COUN	NTV STATE
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	ATE, TORVORY ORY PIEST P		22a. I certify that I taok charge of	the remains des	ribed obove, held	an Autopsy	, Inspec	tian Do	nquiry .	and in my apin	nion
100	NE HOTO		death resulted from: Natural co	auses .	Accident .	Suicide .	Homicide		ined manner		
	WAR WAR		10	0	1		TITLE_(SPECIFY)				
	A HE A L		ACTUAL SIGNATURE	10	100	M.E	Day	MEDICA	LEXAMINER	DATE	FAVE 10 1986
	DEA NER NOR NOR		EXAMINED S NAME TO IL		0		"			-1	
	MAN POR PER PER PER PER PER PER PER PER PER PE		TYPE OR PRINT) JOH	N 2	COGERS	A	DDRESS_1916	3 Semin	ARY KD.	Siwan	SPRING, MD
	DIVISION OF VITAI RE TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD, "PER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF M. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED A PTER DEATH, WITH THE STATE DEPARTMENT OF HEAD BALTIMORE, MARKICAND, 27201 PRIOR TO BURLIAL, CANDALLIAND, 27201 PRIOR TO BURLIAND, 2	23a.Bl	RIAL, CREMATION, REMOVAL 236 D	ATE	23c. NAME O	F CEMETERY OR	CREMATORY	23d LOCA	TION	COUNTY	STATE
	BP	04.5	BURIAL APP	418,199	36 GATE O	F Heade	N CEMETER	Ry SIWE		MONT. C	O. MARYLAND
	DHMH - 17	24. FL	NERAL DIRECTOR	ADDRESS			25a. DAT	E REC'D. BY REC	1/ 1	GISTRAR'S SIG	-
	(VR A15 ME (5)) 20M 4/B2	CH	AMBERS FUNERAL	HOME	SIWER SP	ring, M	D. A	PRO91	986 Julia	Deviden	-Aprilaion
	2011.77.02										

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TO FUNERAL DIRECTOR: should be detached to with the State Dept. of MPORTANT: If Item

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	8 SREG. NO.	2	U	0	1
	20 DATE OF DEATH MONTH	16 16	86	26. HOL	A
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UND	DER I YEAR	IF UNDER	24 HRS
	94	MÖNTH	S DAIS	HOURS	MIN.

00	0-0413	37	1 - STATE A REGISTRAR	DEPARIM	CERTIFICATE OF DEATH	8 SREG. NO.	2061
	y be ge 3 eoth		1. DECEASED NAME 30 PIRST (TYPE OR PRINT)	18 SI	mon	20 DATE OF DEATH MONTH  APLIL	16 86 6 A
8	ge 4 mo) ector, po		3. SEX Female	1 RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  94  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
1	eoth. Pou	Stronge.	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOM CA	
101	s ofter d by the fu	nothing of	ROCKULLE	LIE NOT MUSICIPAL SURVEY COME CAREER .	GHOME OF OTHER INSTITUTION OF Greater Wash.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	IZB. KIND OF BUSINESS OF INDUSTRY OWN HOME
AND 212	filled in rould be	myst be	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 1136 GIFFOR TOWN 179. 179.	1 13d INSIDE CITY LIMITS?	136 STRFET ADDRESS / ZIP COT	Road 3
MARYL	ed within	exomine	14. FATHER'S NAME DELVID	MIDDLE Janko	FIRST DOTA	MIDDLE	Unknown
IMORE,	n ond co	medicol		RMED FORCES? 166 SOCIAL SECURIVE WAR OR DATES) 1/5-09-0.		10500 Prochville Ma	le Pike, # 809 ryland 20852
T., BALT	Physical Phy	event, the	PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), and ED BY ATE CAUSE (a) DUS WILL C	d Sepsis		BETWEEN ONSET AND DEATH
STONS	the con, or re	umofic	Conditions, if any, which	DUE TO, OR AS CONSEQUE			540

	one couse per line for (a), (b), and (c).  EXIVE (a) DUSYULTED SENSIS	APPROXIMATE INTERVA BETWEEN ONSET AND DE L day
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	540
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	

ICAL CERTIFICAT	19a. DATE OF OPERATION	Deweitus Ulcer	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	IN ITEM 18 PART I OR PART 2)	
MEDIC	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	OUNTY	STATE
	220.   certify that (1) (this hospital) sow the deceased alive on	1,12/101	d that is (my) (our) opinio	n deoth occurred on the da	19 86 te and hour and fram th	tho well

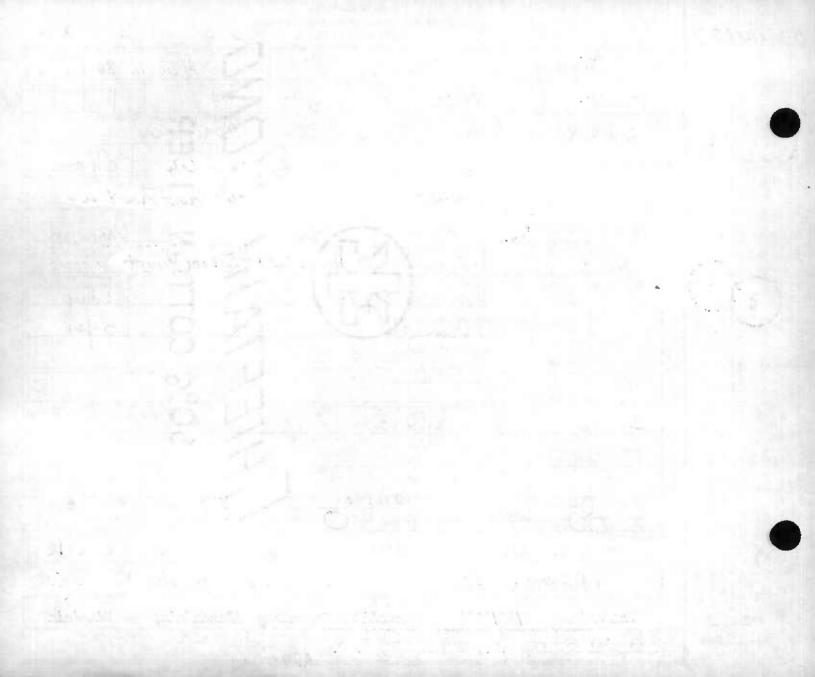
22c. DATE SIGNED 226. SIGNATUR DEGREE

ATTENDING : 22e ADDRESS

236 BURIAL, CREMATION, REMOVAL Alexandria, Metropolitan Crematory Cremation 4/17/1986

PONALDIMITORSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N.W., WASHINGTON, D. C.

Virginia 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HY CATE OF DEATH	GIENE REG. NO.	1206	) 4
	1. DECEASED NAME FIRST (TYPE OR PRINT) JOSE	oH MIDDLE		OVER	20 DATE OF DEATH MON	22-86	845 AM
	1 SEX MA12	4 RACE  Caucasian	S. DATE O	5 8 1 RTH 2 27 10	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
69	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  New York  10. CITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSI	WIDOWE	D DIVORCED	9 BALTIMORE CITY OR CO	MERY	MD BUSINESS OR
48	Silver Spring	HOLY CKOSS	ADDRESS OF SEE ADMISSION	SPITAL	Int I Comptr	roller B'nai	Brith
35	14 FATHER'S NAME	gomery Silver		15 MOTHER'S MAIDEN N		Road/20902	<u> </u>
150	Samue1  160 WAS DECEASED EVER IN U.S. AR			Fanny 17 INFORMANT	1131 ADDRESS.	Mark versity Blvd	kowitz 1 W
the medi	Yes WW	nly one couse per line for (a), (b), a		Harold Bren		ring, Md 209	
atic event	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) CARDE		RREST		IMA	175
ol, cremulian r ather traum	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) COROL	JAM JENCE OF	ARTUR	DISEASE	54	EARS
ar ta burial, cr y injury. ar ath		CONDITIONS CONTRIBUTING TO				ON GIVEN IN PART 110 b. IF YES, WERE FINDING	Ce licen
giene prio	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		TOTERATION			CERTIFYING CAUSES C	
and Mental Hygiene prior ked ar Item 18 sham any i	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED	HOUR A.M. MONTH	PAY YEAR	21t LOCATION	TREED (ENTER NATURE OF INJURY IN	TEM 18 PART ) OR PART 2)	
ofth and M marked ar	AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE,	V-011	STREET	CITY OR TOWN	COUNTY	STATE
MPORTANT: If Item 21 is mark		APRIL 21 19  otroew the body ofter death.	Sp., on	d that in (my) (our) apinio	n death occurred on the date o	and hour and from the co	
State De	THE INVESTIGATE NAME (1996	COL STULL DR PRINT)	10.2	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10 22A	AR186
with the State	Jon M Wisema		NAME OF C	5410 Conn.	Ave. NW. Wash		20015
	Burial  24. FUNERAL DIRECTOR	4-23-86 J <sub>1</sub>	udean Rocky	Memorial Gdn	S Norbeck	COUNTY ME	aryland
50M 7/84 5, 4)	Danzäńsky-Goldber	g Mem. Chps. Rock	ville,	Md20852	1 4 0 1980 9	- oucon-Hond	Series 2.

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ö	REG. NO.	1	2	0	6	

00-05576	1.	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE G REG. NO.	12063
fler death. Page 4 may be the tunerable person page 3 twithin 72 hours after death.	(TYP)	male.	MIDDLE  RACE  CITIZEN OF WHAT COUNTRY?  NAME OF HOSPITAL NURSING  POLY SILVERACION ON STEEL AND	S. DATE OF BIRTH  S. DATE OF BIRTH  MONTH  DATE  MARRIED MEVER MARRIED  MIDOWED DIVORCED  HOME OR OTHER INSTITUTION  MISSING	20 DATE OF DEATH MONTH  AGE (IN YEAR LEAT ENTINDAY)  YE BALTIMORE CITY OR COULT  THE USUAL OCCUPATION  AND OF SOME DE MONTON WORKS	AT USE KIND OF BUSHISS OR
AARYLAND 21201  d within 24 hours of plenty filled in by ug 7 stapped for filled	14. F	AL RESIDENCE IS NUMBER OF SOME	NT Jekoma to	TACO &	Maistonauce  13e STREET ADDRESS / ZIP OF  911- Prospect	Melker Aderall
ON ST., BALTIMORE, N th certificate be executed and papers. Pager To the removal.		NAS DESEASED EVER IN U.S. ARMEE VES. NO ON UNANGWEY OF THE ONE WAS THE CAUSE OF DEATH LENGTH OF PART I. DEATH WAS CAUSED BY IMMEDIATE C	ME couse per line (gr.a), (b), and y	natory	mittoleto anest	(13e)  APPROCHANT PARENCE  BETWEEN CONSTRUCTION  15 min
CORDS, 201 W. PREST reguires that the dec teem agreed by the arm int. Their plane remain that to builtiel, cremation thy injury, or other traum	ATION	Conditions, if ony, which gave rise to immediate couse lot stating the underlying couse lot.  PART 2 OTHER SIGNIFICANT CON  19a DATE OF OPERATION	DUT TO, OR AS A CONSEQUENT OF THE CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TER/	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
DIVISION OF VITAL REI ING PHYSICIAN. The lan other of the certificate from on the burial francis perm th and Mental france proceed on the Barial france proceed as the second	MEDICAL CERTIFICATION	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FAR	Y YEAR 19 211. LOCATION	YES NOT IN CE	RTIFYING CAUSES OF DEATH? YES NO 1
O HOSPITAL OR ATTENDI equired by the hospital or TO FUNERAL DIRECTOR A should be described for use with the State Dept. of Head MPORTANT, if them 21 is m		220.1 crify that (1) ithis hospital) ow the agreesed older on oboys. (1) well (did) (did not) vi. 22b SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR PRI.  David Crombe	ew the body often death. 19 &	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR   PHYSICIAN	221. DATE SIGNED 4/29/86
BP	700	UNERAVOIRECIGIA	236.DAIE , 23c NA	ME OF CEMETERY OR CREMATORY RIAMN	ROCKVIILE,  TE REC'D. BY REGISTRAR 255, REC  AY 5 1986 Juli	Montg. Co. Md.

· do Montgomery Person They had Technish when it has It K The Maintenence Letting Speech - 11- Tayent la Lt Pr 7-17-11/14 Juniposit Juish. 194-07-597 R. Mildert P. T. Mar N. (24) 198-

CERS TO YAM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LECEASED NAME 20. DATE OF DEATH MONTH YEAR TYPE OR PRINTS Robert F. April 29, 1986 Smith 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY) White 1906 Nov. Male 7b. CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED North Carolina USA Montgomery DIVORCED WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Montgomery General Hospital Construction Building Olney COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 919 Merridale Blvd. 21771 Maryland Carroll Mt. Airv YES NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Higgins unknown ADDRESAO44 Boteler Rd. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Robert F. Smith, Jr. 215-26-2054 Mt. Airy, Md. 21771 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last. 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a L certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h, SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES 230 BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY Burial May 2,1986 Pine Grove Mt. Airv. Carroll 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE LANGE TO THE STATE OF THE S 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Olin L. Molesworth, P.A., Damascus, Md. (VRA 15, 4)

STATE OF MARYLAND

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## DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

පි	REG. N	10.	Present	2	Ü	0	
OF	DEATH	MONTH	DAY	YEAR	2b	HOUR	

	REGISTRAR			THE COLUMN	REG. N	10.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WALTER MIDDLE	CHRISTIAN	SMITH, SR.	20. DATE OF DEATH	1-12-84	8.05 A
	Male	Caucas	A . MC	E OF BIRTH  DAY  SOLO 3  OF BIRTH  O	6. AGE (IN YEARS LAST BI		EAR IF UNDER 24 HRS
3	JO BIRTHPLACE (STATE OR FOREIGN	U.S. A	MAR	RIED NEVER MARRIED WED NORCED	MA 1.	OR COUNTY OF DEATH	with MD.
?	Li VCC SPR	HO14	ROSS TYPE	Spital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST D. C. Tr	of working in 12b Kin of working in 12b Kin ansi t super	DOF BUSINESS OR RY Visor
1	130 STATE _ 105 CO	timore T	RESIDENCE BEFORE ADMISSIC CITY OR TOWN IMONIUM	YES NO XX		/ ZIP CODE ng Lake Dri	ve 21093
2	FATHER'S NAME FIRST  George  166 WAS DECEASED EVER IN U.S. A	MIDDLE Kirby	Smith SOCIAL SECURITY NO	IS MOTHER'S MAIDEN NAME FIRST Hattie	AE  MIDDLE  A.  ADDR		lliam
2		IVE WAR OR DATES	8-10-5694	Dr. Walter C	The same of		#13e 21093
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		for (a), (b), and ici	e and		BETWEEN APP	ROXIMATE INTERVAL EEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b) a	A CONSEQUENCE OF		& lines	al y	erre
1	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING			BUT NOT RELATED TO THE TERMI	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
	OR CONTRIBUTING CAUSE OF D	P.M. 21e PLACE OF IN (AT-HOME STREET, F.	MONTH DAY YEA  NJURY ACTORY, OFFICE, FARM, ETC	9 211 LOCATION	ED (ENTER NATURE OF INJ		STATE
	27a I certify that dights has sow the Accessed a rest obove, (1) (we) (did) that 270 SIGNATURE  27d PHYSICIAN'S NAME (TYPE  M	Dot; view the body ofter		DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STA	AFF Z	the couses stated
	230 BURIAL, CREMATION, REMOVA (SPECEY) Burial	23b. DATE 4-14-86		F CEMETERY OR CREMATORY Lincoln Cemeter			land STATE
	24 FUNERAL DIRECTOR RUCK Towson Fune	eral Home,		0 York Rd. 250 DATE n, Md. 21204 A		Gulia Davidon	NATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is

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Complete and account the fact of a first transfer of the first transfer of transfer of the first transfer of transfer of

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_	NEO. T.O.			_		_

	STATE OF MARYLAND	
0000518	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1 - STATE REGISTRAR CERTIFICATE OF DEATH	12056
0 90 10 10 1	REG. NO.	ONTH DAY YEAR 26 HOUR
oy be og be death	William Thomas Smith	RI 24 1884 243
may pag er de	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHD	DAY) IF UNDER LYEAR IF UNDER 24 HRS
ge 4	Male caucasian March 5 1895 91	YRS DATE HOURS MIN.
S Poder	78. BIRTHPLACE (STATE OR FORE-GN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 BALTIMORE CITY OR	
5 5 6	Virginia USA   widowed   Divorced       0 N / 4	gomery MD
oy the form	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  BelPre Nursing Home  120. USUAL OCCUPATION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Disable Ve	VORKING LIFE) INDUSTRY
D 212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 132 CITY OR TOWN 136 INSIDE CITY LIMITS? 134 STREET ADDRESS / Z	IP CODE 2090/
YLANG		re Rd. 00 106
MARY mplete ond 2	Thomas I Smith 15 MOTHER'S MAIDEN NAME  IS MOTHER'S MAIDEN NAME  Alice	Rutherford
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	8008 Brooklyn
be executed and control of the contr	yes (IF YES, GIVE WAR OR DATES) 558-70-721 GladysR. Turney Bridge	geRd.Laurel,Md.
hysicia popers tovel.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST erre	IMMEDIATE CAUSE (0)	( mo
PRESTON  ne death co move cark mation, or r troumotic	DUE TO, OR AS A CONSEQUENCE OF	14
PRES	Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF	
by the bot of the control of the	cause (a), stating the underlying cause last	
S, 20	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	TION GIVEN IN PART 11a
080	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	20b. IF YES, WERE FINDINGS USED
9 0 1 0 0	YES NO	IN CERTIFYING CAUSES OF DEATH?
A	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	
4 44 44 79	OR CONTRIBUTION TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
NOR STATE OF THE S	GREATHER NOTICE MEDICAL EXAMINER)  19  216. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	COUNTY STATE
DIVE Office of the	AT WORK AT WORK	
END FIND FIND FIND FIND FIND FIND FIND FI	220.1 certify that (I) (this hospital) attended the deceased from 19 , to 19 , to sow the deceased alive an 19 , and that in (my) (our) opinion death occurred an the date	19 that (I) (we) last
F 5 D 5 E	above, (1) (we) (did) (did not) view the body after death.  DEGREE	22¢ DATE SIGNED
A D A D A D A D A D A D A D A D A D A D	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	- 1 - 1 - 1 - 1
HOSPITAL med by it FUNERAL old be det	224 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS	
O HOS electred TO FUN	R.T. BenACK MO 4115 Colie DR. U	Theaton, md.
BP	Burial 235 Burial, CREMATION, REMOVAL 235 PAJE 5/86 TVyHillCemetery 23d Location Laurel	P.G. Maryland
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR 7401 SONDY SOR. 20. 250 DATE REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
(VRA 15, 4)	FLECK F.H. INC LAUREL, MD. 20707 APR 30 1986	Continue and the same

| Lilian Thurs | mith | 1895 | 1897 | 1897 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 | 1898 |

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Surfact agree twenty to enter the total

# - STATE REGISTRAR DECEASED NAME

TYPE OF PRINT

3. SEX

EIDST

Yvonne

4 RACE

MIDDLE

NMT

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Smith

5 DATE OF BIRTH

MONTH

3	36	12	067
NTH	DAY	YEAR	76 HOUR

IF UNDER TYEAR

76 HOUR

NOT

STATE

Maryland

Sie Deviden

REG NO

26. DATE OF DEATH MONTH

& AGE (IN YEARS LAST BIRTHDAY)

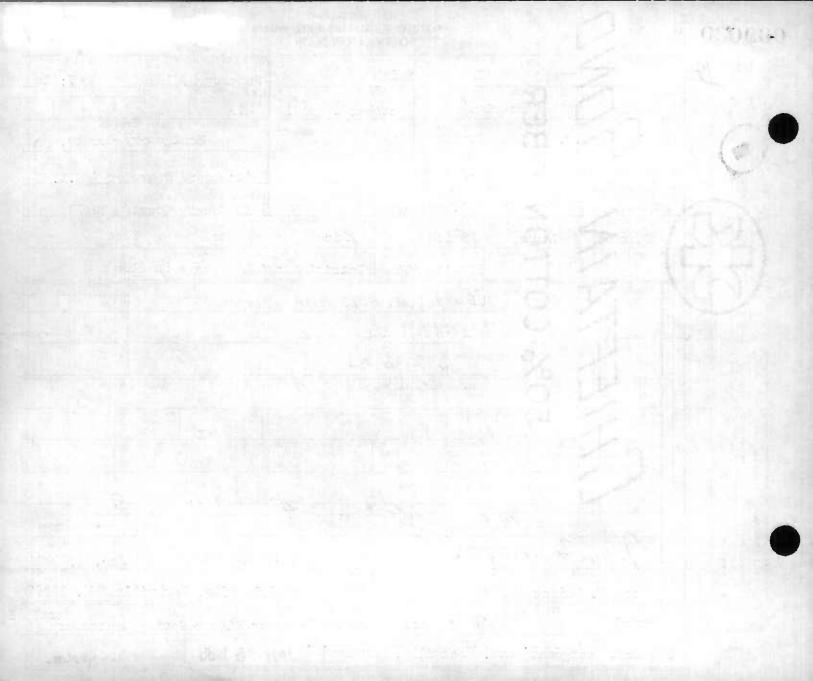
January 3, 1986

ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 havin afterward. Tage 4 may be aspital or attending physician.	ECTOR. After this certificate has been signed by the ottending physician and completely filled in professional transportation to the busiol-transit permit Then please remove carbonpapers. Pages I and 2 should be 11 months of the death and Amend Hayasene prior to have a removed.
ATTENDING PHYSICIAN The Id	CTOR: After this certification for use as the buriol-trans

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

Female Caucasian October 15, 1910 75 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. United States Montgomery County, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION #33 County Court TTYPE OF WORK FOR MOST OF WORKING LIFET INDLISTRY Gaithersburg Switchboard Operator / N.I.H USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Montgomery Gaithersburg YES T NO X # 33 County Court/ 20878 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Shea Smith Alice Mae Charles Louis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-12-2404 Patricia Cahill same as #13e No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per life for (a), (b), and ic PART I. DEATH WAS CAUSED BY: VENTRIGILAR ANRYTHINIST IMMEDIATE CAUSE (0) NAL GAILBRE Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to IFICATION. 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ CERT 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS PM 19 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated bome, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED TO FUNERAL DIF should be detoch with the State De ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: Jan. 3, 1986 22d PHYSICIAN'S NAME LITTE OF PRINT 22e ADDRESS 11125 Rockville Pike, Rockville, Md. 20852 Mark F. Weinstein. MD 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY January 4, Buria1 Gate of Heaven Cemetery Silver Spring Montgomery 300 West Montgomery Ave. Rockville, Maryland JAN 6 1986

DHMH - 16 60M 7/B4 (VRA 15. 4)



S DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

WILLIAM CORNELIUS SNELLMAN

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN

21b. TIME OF INJURY

71e PLACE OF INJURY

NAVAL HOSPITAL

HOLLYWOOD

16h. SOCIAL SECURITY NO

423-01-9380

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

4 RACE

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

PETER WILLIAM SNELLMAN

ST. MARY'S

IN U.S. ARMED FORCES?

1940-1970

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)\_

13b COUNTY

CAUCASTAN

7b. CITIZEN OF WHAT COUNTRY?

UNITED STATES

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

MAY 3 1921

YES T

CARDIAC ARREST

17. INFORMANT

MARRIED NEVER MARRIED

13d INSIDE CITY LIMITS?

DIVORCED |

NOK

VIV

IS MOTHER'S MAIDEN NAME

JEAN F. SNELLM

E B REG.NO.	2008
DATE OF DEATH MONTH DA	20 11001
APRIL 8 1986	7:29 P <sub>M</sub>
	FUNDER I YEAR IF UNDER 24 HRS
64 YRS	
BALTIMORE CITY OR COUNTY	OF DEATH
MONTGOMERY  B. USUAL OCCUPATION	MD.
YPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
RETIRED	U.S.NAVY
RT 3, BOX 690	20636
MIDDLE	LAST
AN PLASH STEINE	R
	HOT T WHOOD AD
N,RT 3, BOX 690	, HOLLYWOOD, MD
	BETWEEN ONSET AND DEATH
	1
AL DISEASE OR CONDITION GIVE	N IN PART 1(a)
20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
YES NO YES	NO
(ENTER NATURE OF INJURY IN ITEM 18 PAR	II I OR PART 2)
CITY OR TOWN	COUNTY STATE
, to APRIL 8	9 <u>86</u> , that (I) (we) last
th occurred an the date and have	and from the causes stated
	22c. DATE SIGNED

APRIL 8 19 86 and that in my) (our) apinian dea

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

21c HOW INJURY OCCURRED

211 LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

19 ADL 86

JOHN C. CHEEK, CAPT, MC, USA

22a I certify that (I) (this hospital) attended the deceased from

22e ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COMMAND, NATIONAL CAPITAL REGION, BETHESDA, MD 20814

	-/-	
BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR
BURIAL	4/12/86	ST. JOHNS CATHOLIC

MARCH 2

23d LOCATION CITY OR TOWN

24 FUNERAL DIRECTOR

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

BURTAL

- STATE

MALE

ALABAMA

130 STATE

CERTIFICATION

MARYLAND

14 FATHER'S NAME

YES

Canditians, if ony, which gave rise to immediate cause (a), stating the

underlying cause last.

19n DATE OF OPERATION

2 In. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

NOT WHILE

sow the deceased alive an\_

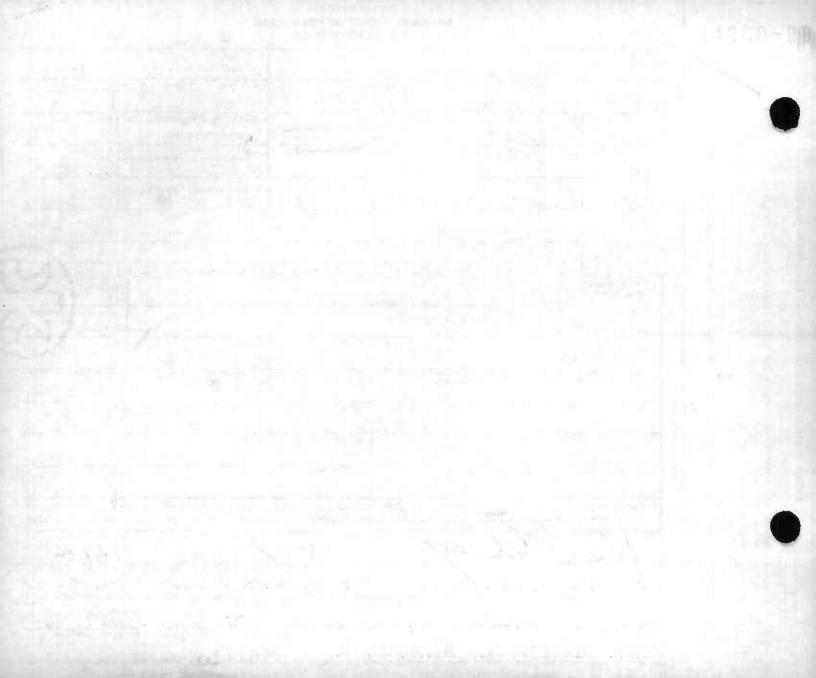
MEGISTRAR DECEASED NAME TYPE OR PRINT

70. BIRTHPLACE ISTATE OR FOREIGN

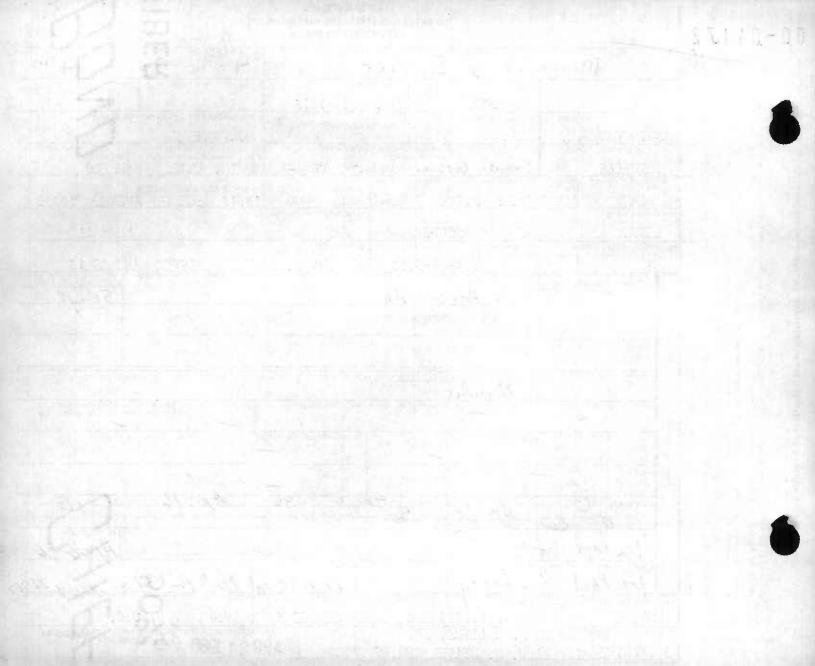
O. CITY OR TOWN OF DEATH

BETHESDA

HOLLYWOOD, ST. MARY'S, MD.



			- 1					SIAIR	OF MARYLAND				- Tr
2 0	0.1	. 7	_	1	FOR STATE		DEPARTM	LENT OF H	EALTH AND MENTAL HY	GIENE		0	4 3
JU	- 0 4	1	Z		REGISTRAR			CERTIF	CATE OF DEATH	O' RON	0.	20	0 7
	71.3		A		EASED NAME FIRST	1	MIDDLE		NST TS	20. DATE OF DEATH	MONTH D.	AY YEAR	26 HOUR
	2	MTE /	V	tiese:	Maria	aret	T 501	ode,		4-16	- 86		14 Am
	6	0.0	-	1. SEX		4 RACE	7 00	5. DATE O		6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
	14	0.0					- 44.	MONTH	DAY YEAR	11.00	M	ONTHS DAYS	HOURS MIN.
	- 0	5 5	1		MALE	CAUCAS		NOV.	22 1916	69	YRS		
	46	50 M	21		THPLALE JATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
•		2 /	/	NAS	HINGTON D.C.	USA		WIDOWE		MONTGOMER	У		MD.
-	+ 1		11	10 CI	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
5	5/0	111 /11	5	RO	CKVILLE	Shad		adve	ntis Hosp	ADMIN. ASS		PEPCO	
232	2	57.75	28	USUA	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTIO	H GIVE RESIDENCE BEFORE	ADMISSION)				1. 0. 00	1000000
2	7 3	12	9		1.00	TGOMERY	SILVER SH	4	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		I/EXIIIE	20902
3	ž.	s s			THER'S NAME	I OOMER?	DILVER 31	KINO	15 MOTHER'S MAIDEN N		VIVLY A	VLINUL	20902
AR	3 .	nd 2	5/	,	FIRST	MIDDLE	CALIDED		FIRST	WIDDLE		DUOLLAS.	7
¥	Ct ed	a Za	10		ESTER AS DECEASED EVER IN U.S.	T CORCEC	SOUDER 166. SOCIAL SECU	DITYALO	MAY 17 INFORMANT	ADDR		BUSHAL	L
OR	exec.	Poges Peges medico	1	{Y	ES NO OR UNKNOWN)   IN YES.	GIVE WAR OR DATES)							
T.	9				NO		578-07-35	555	DOROTHY S. E	ASTERLY SIS	TER SA		13
BAL	e e	sicio spers vol.			18 CAUSE OF DEATH (Enter	anly ane cause p	er line for (a), (b), and	f (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
H	rtific	emo even			PART I. DEATH WAS CAL	IATE CAUSE (a)_	Phylime	nia	The second	-3-Ln 24a	50.0	544	45
Z	9	ding prbc pr re					OR AS A CONSEQUE	NCE OF		Mill India			1
STC	eo	otion,	9.9		Conditions, if ony, which	(6)	OK AS A CONSEGUE	INCE OF					
PRE	e e	motion r			gave rise to immediate	) (6)_							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ā	by it ose re cre			cause (a), stating the underlying cause last.	DUE TO,	OR AS A CONSEQUE	NCE OF					
201	£ :	plep			PART 2 OTHER SIGNIFICAN	(c)_	CONTRIBUTING TO B	E ATLI BUIT	NOT BELATED TO THE TEN	White District on Con-	DITION ONE	AL DIDARY 1	
DS,	20.	sign hen o bu		z	FART 2 OTHER SIGNIFICAN	PI	1 A A	EAIH BUI	NOT KELATED TO THE TERM	WINAL DISEASE OR CON	DITION GIVE	N IN PART TI	2
08	ē	it. Ti	1	일	190 DATE OF OPERATION	1///	DITION FOR WHICH	OBERATION	LWAS DEDECTATED	20a AUTOPSY?	Tank IF VEC	WERE FINDIN	ICC HOSE
REC	å .	e pr		CERTIFICATION	DATE OF OFERATION	198 CON	DITION FOR WHICH	OFERATIO	WAS PERFORMED	200 AUTOPST:		ING CAUSES	
AL	The	giene giene	$\Box$	E						YES- NO			NO 🗌
5	Z A	Hy 18	1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
0	S C	riol-t entol		₹ I	(# EITHER, NOTIFY MEDICAL EXAMI		P.M. —	19					
0	HA	P Nous		MEDICAL	21d INJURY OCCURRED		E OF INJURY	en sic	21f LOCATION STREET	CITY OR IC	WN	COUNTY	STATE
N N	Offe	After the os the olth one morked		2	AT WORK NOT WHILE	(A. Monte,	STREET, FACTORY, OFFICE, FA	KM EIC J					
۵	NO à	se o se o mo			22a I certify that (17) this ho	spital) attended	the deceased from_	A	17 1986	10 /TB/	161	9 56	tho to (we) last
	TEN	or of He			saw the deceased alve- above (1) (we) (did) (did	2/3 . 0	1.0	86_, an	d that in my (aur) apiniar	death occurred an the d	ate and haur		
	A A A A A A A A A A A A A A A A A A A	DiREC Dept. f Item			22b. SIGNATURE	pot view the boo	ly after death.		DEGREE			22c DATE	SIGNED
		T T			In Park 1/4	4			ALM ATTENDING	MEDICAL STA		an-	11/01
	by by	FUNERAL uld be det the State ORTANT:			224 PHYSICIAN'S NAME (TY	PEOP PRINCE			PHYSICIAN-	DIRECTOR   PHYSIC	IAN []	1400	000
	OSe	the DRT			1 P. 1	York!			Din AA.A	· 1 P. 11 1	01		- 700
		should be deto with the State [ imPORTANT: If			In au	WETH	74		401/1/891	40 16-15 V-	- Dill	N-79-	7 Ly 2690
	F -				JRIAL, CREMATION, REMOV				METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BP_				ÜRTAL				EK CEMETERY	WASHING	TON, D	.C.	
	DHMH - 1	6 50M 4/83		24 FU	NERAL DIRECTORFRANC	IS J. CO	LLINS, JR.			TE REC'D. BY REGISTRAR	THE REGISTR	AR'S SIGNAR	SHEEK .
		15, 4)			O UNIVERSITY				MD. A	PR 2 1 1986	Tura viol		
						VV A							

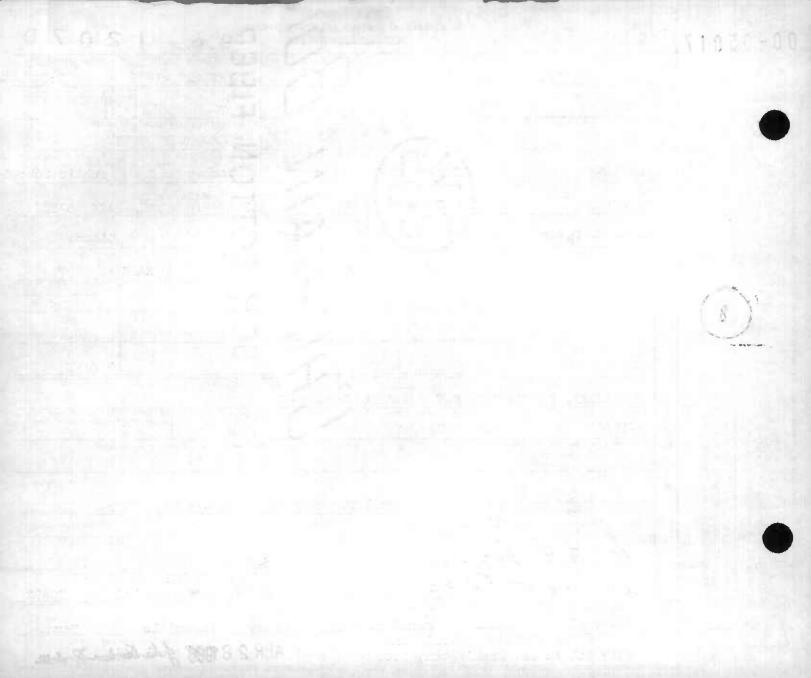


4217 9th St NW: Washington, D.C.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

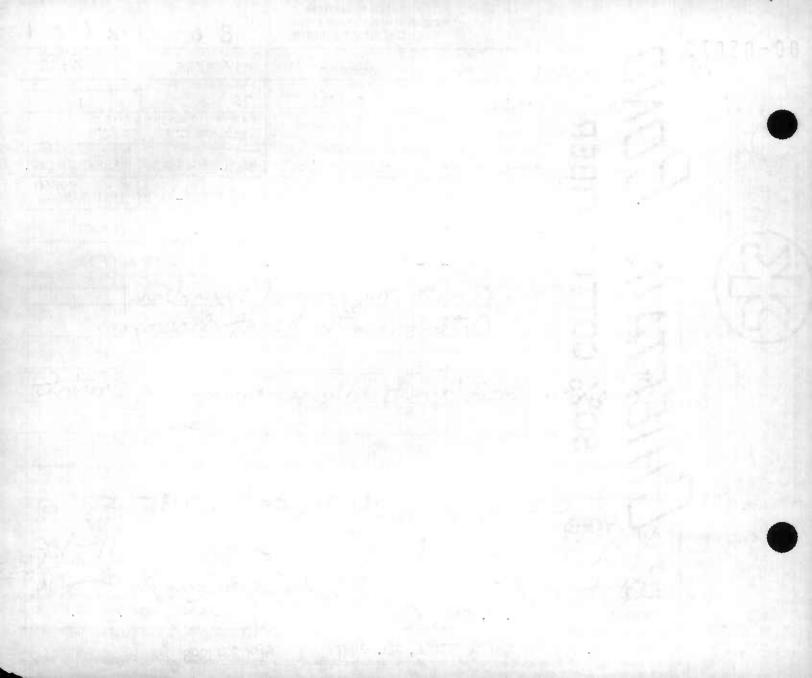
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGICATE OF DEATH	B 6	120	7
I DE	ECEASED NAME FIRST	WIDDLE	{	AST	20. DATE OF DEATH MONTH	DAY YEAR 2	b. HOUR
	PE OR PRINT)	1 10	Cr	ooncer	04/25/86		7:42p
2.65	Wendal	L E.	5 DATE C	pencer	6. AGE (IN YEARS LAST BIRTHDAY)		F UNDER 24 HI
3 SE					75		HOURS MI
	male	white		5/09/10 YEAR	YR		
7a. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN		
	Maine	USA	WIDOWE		Montgomery (	Jounty	
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ET ADDRESS)		120 USUAL OCCUPATION	G (IFE) INDUSTRY	
11	Olney	Montgomery Ge	enera.	l Hospital	MECH. ENGINEER	RESEARC	CH LA
USU 13a	STATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORM TY 136 CITY OR TO SANDY	SPRING	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	DY SPRING	20860 ROAD
94 F	ATHER'S NAME			15 MOTHER'S MAIDEN NA			
1	LILLO -	- SPENCER		LÉTTIE	MODLE	SPENCER	
	WAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRESS		
	(YES, NO OR UNKNOWN) (IF YES GIV	578-01-	-2387	MARGARET L	. SPENCER SAM	E AS # 13	
	IMMEDIA	nly one couse per line for io. Il one DBY: TE CAUSE (a)  DUE TO, DRASHEOMSEO	QIIV	ycordia	allarow &	^	
z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEON		NOT RELATED TO THE TERM	ninal disease or condition	WENT IN PARTAME	0
CERTIFICATION	Concinon	words on	500	ramocor	20a AUTOPSY? 20b. IF	1 has	S
1 2	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	HOPERATIO	N WAS PERFORMED	IN CEI	YES WERE FINDING RTIFYING CAUSES O	
E				To the second	YES NO	YES [	NO 🗌
	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
WED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK			1-01-01		- 0-1	
1		ital) attended the deceased from		1 27 19 80	Q, to 9124	4	at (li (we)
	naw the description of the on	of view the body ofter death.	00.01	nd that in (my) our opinion	deoth occurred on the date and l	nour and from the ca	uses stated
	Control of the state of the sta	no Den	MI	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	DATE SI	J86
	HIP GOLD	SDMELL MY		220 ADDRESS	Landy Song P	28. Olice	Ma
	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY DE	BRINKLOW M	ONT OUNTY MD	STATE
	FUNERAL DIRECTOR				E REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATUR	RE
	FRANCIS H. BARBE	R LAYTONSVILL	E, MD.	20879	APR 2 0 1000	F 12 W	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



n	0.	0	2	9	9	8	

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

5	REG. NO.	-	2	U	1	
						_

17		REGISTRAR				CERTIF	ICATE OF DEATH	REC	. NO.		
		EASED NAME	FIRST	,	MIDDLE	L	AST	2a. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
7	-	Car (MICT)	Otto			Stein	haus	Apri1	6	1986	4:03PM
	1.5EX	Male		Caucas	an	S. DATE C		6 AGE (IN YEARS LAS	1 BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
s				Caucas.	ranı	Oct.		91	YRS		
1	. 6	RTHPLACE TOTALE OR F			WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	ITY OF DEATH	
Ц		ew York			States	WIDOWE	- 4.5	Montgom			MD.
٦	100	TY OR TOWN OF DEA OCKVILLE	(IH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUP			iculture
	1	L RESIDENCE (IF NURS	ING HOME OR		ngswood N	ADMISSIONI	g Home	Credit	Mariag		314
	13a S	ryland	Monto	gomery	Bethes	a	13d INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CC	DUE	
ř.		THER'S NAME		J 1			YES NO X		ucii c	Hersea	Lane
		Gustav	٨	AIDDLE	Steinhau	ıs	Lydia	MIDDI	(no	t avai	lable)
	160 W	AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS		
	( Y	Yes NO OR UNKNOWN) WW I 063-07				-8690	John V. Ne	ehemias,	same	as #1:	3
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
		PART I. DEATH W	AS CAUSED	E CAUSE (D)	ardia	c	arrest			Lm m	11 -72
		Canditians, if any,		( 1b) a	Derios	derol	ic cardio	rascula	, an	4 3	years
١	124	gave rise to imm couse (a), statin	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF	relionasa	0- 1.		0	
1		underlying cause	lost.	(c)_		CE	renovasa	was de	aay		
H	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a									
_	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH				ODERATIO	N WAS PERFORMED	20a AUTOPSY?	205 IE 3	YES, WERE FINDI	NCS USED
2	FIC	178 DATE OF OPERAT	1014	176 CONDA	HON FOR WHICH	OPERATIO	N WAS PERFORMED		IN CER	RTIFYING CAUSES	OF DEATH?
1	ERT	210. ACCIDENT WAS UND	ERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCURE	YES NO		YES DEPART 2	NO []
7		OR CONTRIBUTING			M. MONTH DA						
	MEDICAL	21d, INJURY OCCUR		21e PLACE (		19 211 LOCATION					
	ME	WHILE NOT WH	ILE	(AT HOME STR	EET FACTORY OFFICE, F.	ARM ETC )	STREET	CITY O	RTOWN	COUNTY	STATE
		22a.1 certify that (1)	(this hospit	al) attended the	e decaased fram_	30 1	1A12eH 1984	to 6 a	bril	19 86	that (I) (we) lost
	4.73	saw the decease above, (1) (wet in	d alive on	30 Ma	ofter death 198	6_, an	d that in (my) corr apinian	death accurred on th	e date and h	naur and from the	causes stated
		226 SIGNATUR	m	100	100	5	DEGREE			22c. DATE	SIGNED
-		Wa	elle	178	10x m	10	ATTENDING	MEDICAL DIRECTOR DPH	STAFF SICIAN [	Apr.	7, 1986
1		22d. PHYSICIAN'S NA			0		22e ADDRESS	1			
		Walter E	Goo.	zh, MD			2309 Shorefi	reld Road,	Wheat	ton, Md.	20902
	23a BI	IRIAL CREMATION	REMOVAL	122h DATE -	1 23c N	LAME OF C	EASTERY OR CREAMATORY	1234 LOCATION			

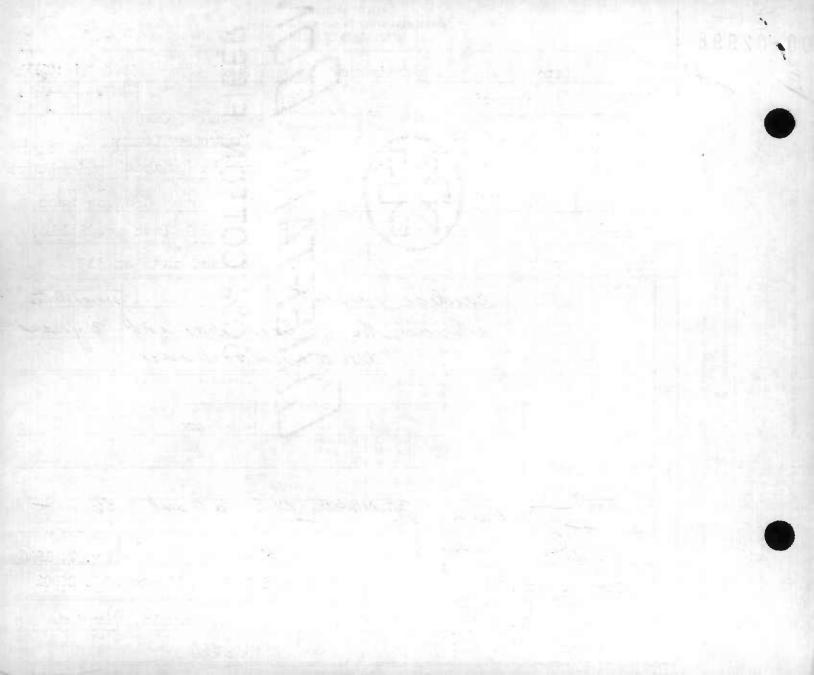
DHMH - 16 60M 7/B4 (VRA 15, 4)

PORTANT: If Hem 21 is marked or He

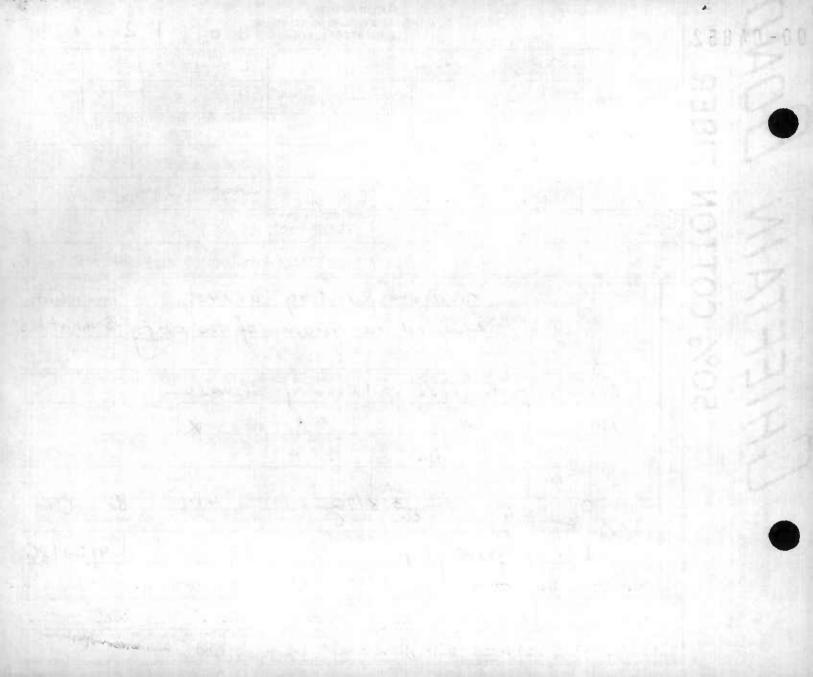
Alexandria, Virginia

236 BURIAL CREMATION, REMOVAL CYPERATION, REMOVAL CYPERATION 7, 1986 Metropolitan Crem. Alexandria, Virgin.

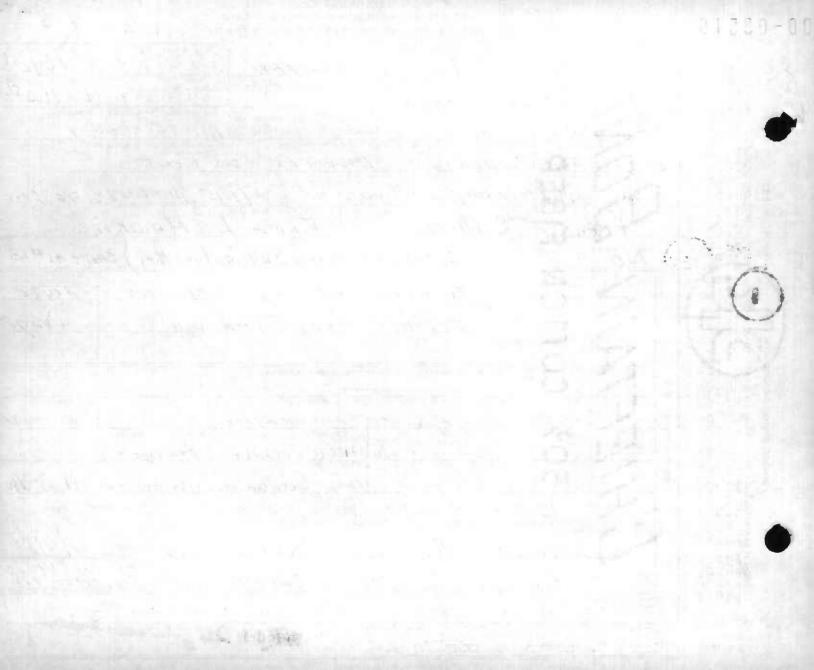
24 FUNERAL DIRECTOROBERT A. Pumphrey Funeral Homes 256 DATE REC'D. BY REGISTRAR' 250 REGISTR



0-04852	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 6	. 1 2	0	7 4			
8 5 m/		CEASED NAME FIRST	lotte	Eileer	S	tone	20. DATE OF DEATH			7AM			
noy be	3. SEX		4 RACE	HILCCI	5. DATE O		6. AGE (IN YEARS LAST BIR		NDER 1 XE AR	IF UNDER 24 MRS			
ector.	J. JLA	Female	Whit	:e		ary 7,1922	64	YRS.	THS DATS	HOURS MIN.			
death. Po	Wa	STHPLACE (STATE OR FOREIGN OUNDER)	USA MARE WIDOW										
by the fulfilled with	Si	IVOR TOWN OF DEATH	14116	Grand I	re R	ROTHER INSTITUTION oad							
filled in hould be	13a S	L RESIDENCE (IF NURSING HOME OR TALE 136 COUN MOT	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		152 [] 140 []	1313TREETADDRESS	and Pr	e Ro	0906 ad 906			
ompletely on 2 s	(	THER'S NAME Caskie	MIDDLE M.	Smith		Elizabeth	WIDDIE		ayl'i	ss			
be execu		VAS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN] (IF YES, GIV NONE	MED FORCES? E WAR OR DATES)	577 22		Geraldine			Rockv:				
rtificate a physicic empoper emovol.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	ly one couse per D BY. E CAUSE (a)			oîratory	arrest			edrate			
that the deoth co by the ottendin care remove carb in cremation, or		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	RAS A CONSEQUI Advance RAS A CONSEQUI	de	arcînoma	of the	ovary	8 m	onths			
requiring the plant of the plant of the blant of the plant of the plan	NOIL	PART 2. OTHER SIGNIFICANT C	obstr	uctive	- Pu	Imonary	di sease or con	IDITION GIVEN	IN PART 1(o				
The law on hos be in permit	CERTIFICATION	190 DATE OF OPERATION		AG	OPERATIO	N WAS PERFORMED	204 AUTOPSY?	20b IF YES, W IN CERTIFYIN YES	G CAUSES	GS USED OF DEATH? NO			
SICIAN.		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH D.	19	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)				
AC Plent offered in the this is and M shad or	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY REE1, FACTORY, OFFICE, F	ARM ELCA	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE			
ATTENDO sphal or CTOR: A for user of Health		22a I certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did add no			56 . an	d that in (iny) (aur) apinian o	death occurred on the de	ate and hour an	d Iram the c	ha (1) (we) last auses stated			
PALOR IN he by the he by the he by the hear Diffe.		226 SIGNA U	N. Ga	weyle		ATTENDING PHYSICIAN	MEDICAL STAL		22c. DATE S	12/86			
O HOSP thorned 1 TO Fune thould be wedetta		Dr. Carol W.	Garve			11510 Old		n Rd.F	lockv:	ille,Md			
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		DHMH - 17 (VR A15 ME (5))	1	ADDRESS TO THE PERSON OF THE P	
		(AV VID ME (2))		George R. Snowden Rockville, MD 20850	



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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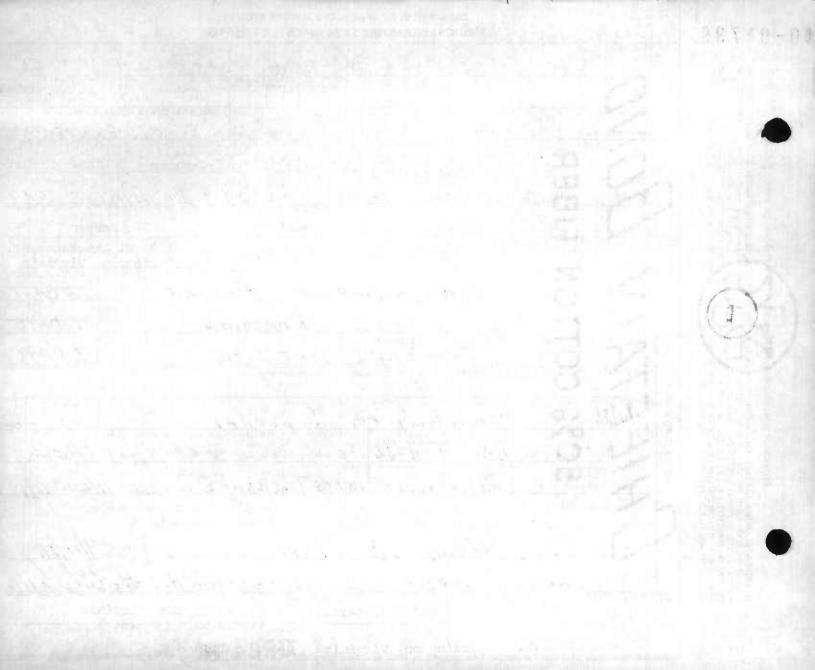
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATE REGISTRAR DECEASED NAME 20 DATE KNOWN THE (TYPE OR PRINT) OF ESTI-DEATH MATED F UNDER 24 HRS 5. DATE OF BIRTH AGE (IN YEARS DATE MONTH LAST BIRTHDAY PRONOUNCED L DEAD 6 4 YRS 22 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED PNEVER MARRIED FOREIGN COUNTRY! U.S.A. WIDOWED DIVORCED West Virginia I CITY OR TOWN OF DEATH IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Head-Cashier Super Market USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13b. COUNTY 13 CITY OR TOWN 30. STATE B. d. INSIDE CITY LIMITS? 13e. STREET ADDRES (YER MANTOWN NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Jennie Harper Knotts Abe 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO N. Lancaster St. (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 579-24-5534 Frank T. Sussan Arlington, Virginia 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUSE EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BATTIMORE, MARYLAND, 21201 PRIOR TO BURI NO 4 210 EXTERNAL CAUSE WAS OR UNDERLYING CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY II LOCATION (AT HOME. STREET, FACTORY, FARM, ETC 1 WHILE NOT WHILE 1100.SE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my apinian Natural couses Suicide Homicide Undetermined manner TATLE (SPECIFY) MEDICAL EXAMINER SIGNED EXAMINER'S NAME STOOWIS GORSIN (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE Arlington, Virginia Columbia Gardens 4-23-86 Burial 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Tves-PearsonF.H. **DHMH - 17** Arlington, Virginia (VR A15 ME (5))



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STATE OF MARYLAND - STATE REGISTRAR I. DECEASED NAME O DATE KNOWN X (TYPE OR PRINT) Lucile Swain DEATH MATED 1986 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. DATE PRONOUNCED Apr. 23, 1908 Female 77 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. South Carolina DIVORCED Montgomery County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Sandy Spring Friends' House Nursing Home Civil Service U.S. Gov. t 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Rockville Maryland YES X NO 600 Viers Mill Road 15 MOTHER'S MAIDEN NAME Rothenberg Esther Marton Weiss 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 1092 Tarkspur Terrace 224-12-9926 Martin Trusty Rockville, MD. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (a) CERTIFICATION Fracture of left hip. 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES 🔲 NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 4/4 Fell in nursing home. CONTRIBUTING X CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f. LOCATION WHILE AT WORK Nursing home Quaker Lane, Sandy Spring, Montgomery, 226. I certify that I took charge of the remains described above, held on PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALLIMORE, MARYLL Accident \_X Notural couses ACTUAL Deputy 4/16/86 SIGNATURE 1919 Seminary Road MANINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE Removal 4-16-86 GeoWash Univ Med Sch Washington, D.C. 07/84 24 FUNERAL DIRECTOR Columbia Mortuary Services 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** 225 Missouri Ave, NW Washington, DC 2001APR (VR A15 ME (5)

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cion ond cio			IVE WAR OR DATES)	4-5592			Same as 13  APPROXIMATE BETWEEN ONSET	
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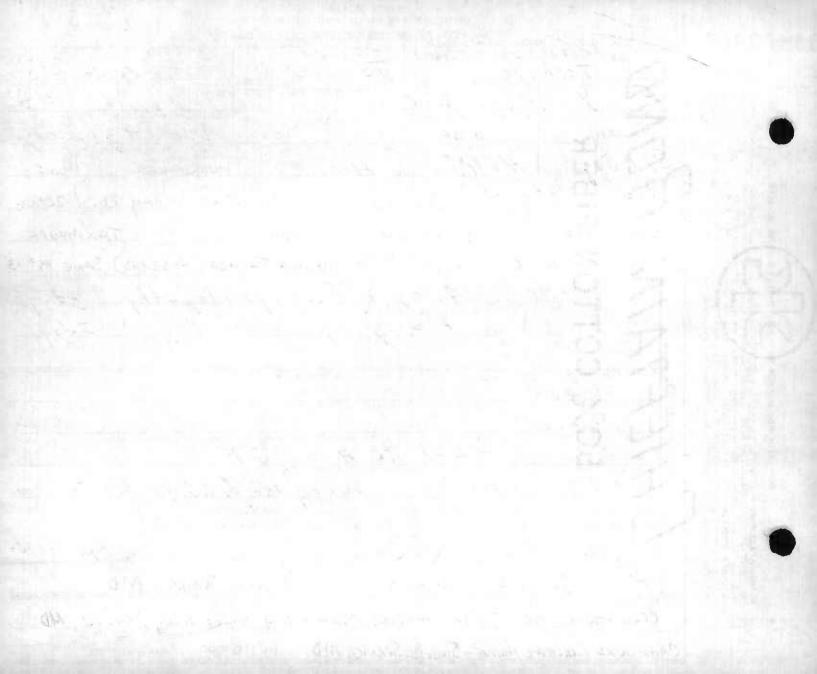
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(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMIN REG. NO TYPE OR PRINT AKA 20. DATE KNOWN TO MONTH TOSHIVE OF ESTI-DEATH MATED YOUR FILES IN 72 HO TON STREE 3 SEX 6 AGE IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CHY OR COUNTY OF DEATH MARRIED PONEVER MARRIED FOREIGN COUNTRY) HAWAI U.S.A WIDOWED DIVORCED IO CITY OF TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOR 126 KIND OF BUSINESS OR INDUSTRY HOMEMAKER Home USUAL RESIDENCE OF INJURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE TOSHISUKE TAKAMURA 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NONE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEAT PARTIDEATH WAS CAUSED BY OR REMOVAL IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION TE, WRITING THE WORD "PE NEWARDED TO THE CHIEF A R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HE/ D, 21201 PRIOR TO BURNAL. ( 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) A'M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21 LOCATION 21e PLACE OF INJURY (AT HOME. NOT WHILE STREET, FACTORY, FARM, ETC.) STATE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Suicide Do death resulted fram Natural causes Accident Hamicide Undetermined manner DATE 100, 161908 TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMOS ROGER SILVER BP 07/B4 25M 24. FUNERAL DIRECTOR **DHMH - 17** whia Davidson Randelle CHAMBERS FUNDRUM (VR A15 ME (5))



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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rover		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES NO	ARMED FORCES?	226-72-1		Sherry Zembo	wer, Rt.2,1					
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Exa	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH DAY	Y YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART	I OR PART 2)			
ical	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAI	RM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
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		22b. SIGNATURE	Ben	des mi	2		MEDICAL STAR	F IAN 🗌	3/29/			
-		Carol L.	Bender,			27e ADDRESS 11510 Old Ge		load, Ro	ckvil	Le, MD		
	- (	SURIAL, CREMATION, REMOV SPECIFY) Cremation	4/1/8	6 Mt	. Co	EMETERY OR CREMATORY  mfort Cremator		andria,		STATE		
		JNERAL DIRECTOR JOSE NAME 130 Wisconsin					3 D. BY DESTRAR	PREGISTRAL	S SIGNATU	RELEASE		

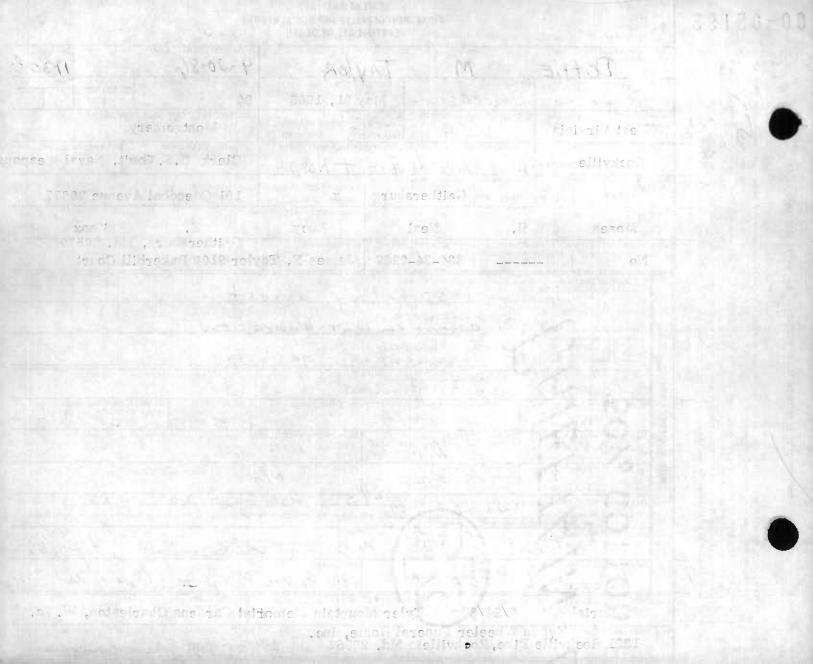
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00-05193	1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 6 REG. NO.	2086				
a ∾£		CEASED NAME FOR PRINT)		MIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
nay be poge 3	3. SE	10++	1E 4. RACE	M. A.	VIOR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
cdo A m	3. SE	female	(1)		y 21, 1905	80 YR	MONTHS DAYS HOURS MIN.				
70. BIRTHPLACE (STATE OR FOREIGN West Virginia			IGN 75. CITIZEN OF	WHAT COUNTRY? 18.	D D NEVER MARRIED D	BALTIMORE CITY OR COUNTY OF DEATH Montgomery MD.					
by the further d	11	TY OR TOWN OF DEATH	Shall C	PACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	Sufficient Naval Weapons				
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill examine must be ne		m(c(. )	COUNTY,	Gaithersburg	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS Odendhal	Avenue 20877				
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O HOSPITAL OR etoined by the hot of the hospital or FOUREAL detaches should be detached with the State Dept MAPORTANT. If her		22d. PHYSICIAN'S NAME Robert	1 -	ox MD	ATTENDING PHYSICIAN DE 18/11 Prince		4/21/86 Uney, Md. 2082				
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DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	1331 Rocky	yson Wheel ville Pike, Ro	ler Funeral Horockvillem Md.		TE REC'D. BY REGISTRAR 256. REC PR 3 0 1986 Stulia	Javidson Mandalle				



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George R. Snowden

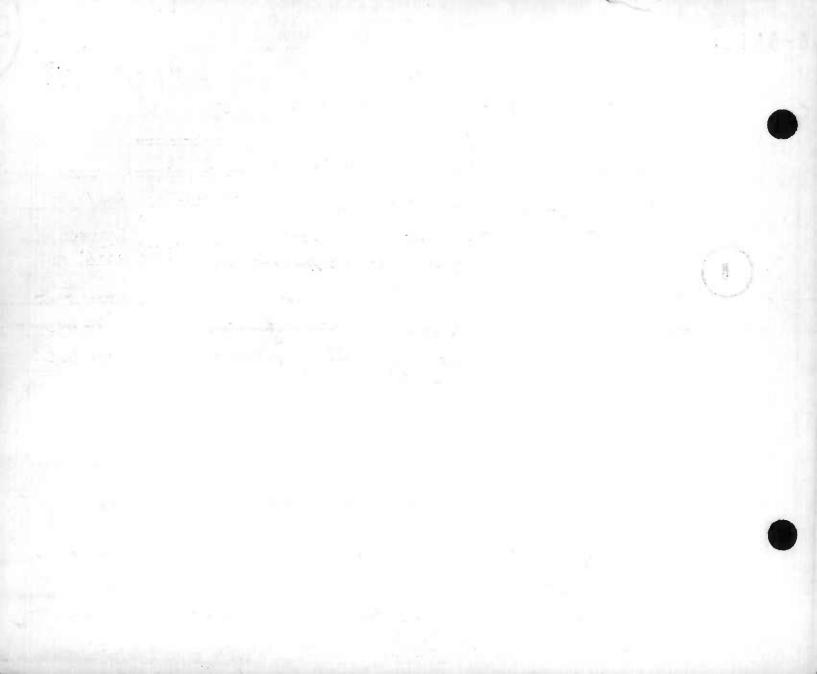
24 FUNERAL DIRECTOR

4-19-86

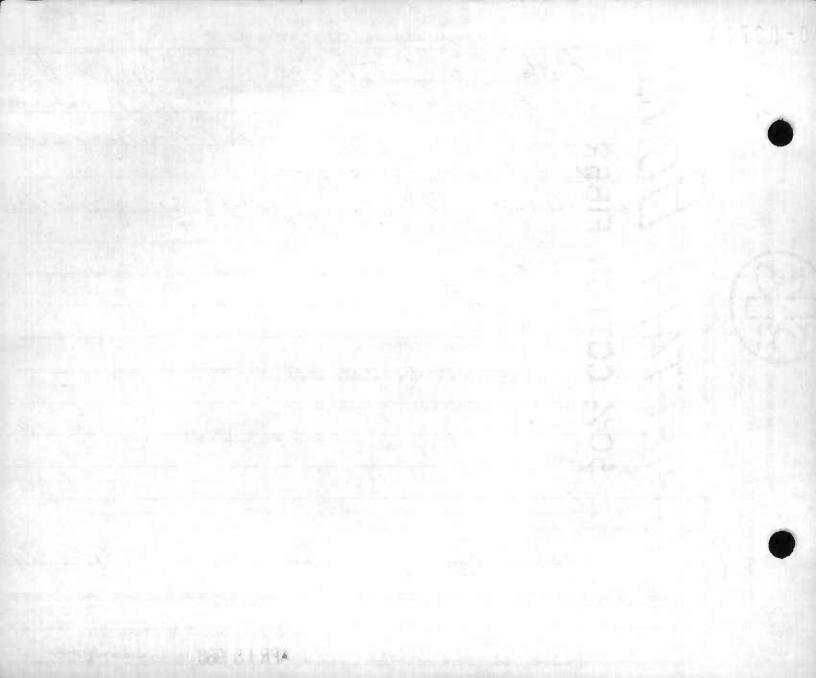
246 N. Washington Rockville, MD 20850

Lincoln Park Cem

Rockville, Montg. MD 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME (C.) 2a. DATE KNOWN DO (TYPE OR PRINT) OF ESTImair 3 SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED GA. U.S.A. DIVORCED A WIDOWED D CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF W 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) N/A SUAL RESIDENCE LIF INJURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4. FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST EZIELL CALLON CLARA MEARES 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO AVE. APT.301 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 219-26-8801 SHARON THOMAS 14337 GEORGIA CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OR REMOVAL IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? a mont CATE, WRITING THE WORI FORWARDED TO THE CH OR: PAGE 3 SHOULD BE U HE STATE DEPARTMENT O ND, 21201 PRIOR TO BDR YES T NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK Inspection-220. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion NERAL DIRECT
DEATH, WITH I death resulted from: Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATUR MEDICAL EXAMINER MAMPLER'S NAME PAGE 4 TO FUN AFTER I GYPE OR PRINT **ADDRESS** 130 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE MD. BURIAL 4-16-86 CEDAR ANNE 07/84 BP. ARUNDET AR 1256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR WM.C.MARCH F/H INC. 1101 E.NORTH AVE **DHMH - 17** (VR A15 ME (5)) me waydoon-



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FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 6 6	10.	2	Ú	9	1
IDDLE	LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR
LLEN	THOMPSON	APRIL 19,	1986			4:1	7
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	IRTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
CTT TO	MONTH DAY YEAR			MONTHS	DAYS	HOURS !	MIN

		EASED NAME	FIRST		MIDDLE LAS				20. DATE OF DEATH MONTH D					YEAR	2b. HOUR	
	(TYPE	OR PRINT)	HERMA	N A	ALLEN	THO	MPSON		APR	IL 19	), ]	1986			4:1	.7
i	3. SEX			4 RACE		5. DATE C		T1 122	6. AGE	(IN YEARS LA	AST BIRTH	IDAY)	IF UND	ER I YEAR		R 24 HRS
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-		TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		ISTITUTION		WORK FOR M	IFE) IN	MOEN	F BUSIN	ess of			
2		BETHESDA			ICAL CENT		TH)		Mech	work for M			Co	unty	Gov	Jt.
4	13a. S	TATE	13h COUN	1TY	GIVE RESIDENCE BEFORE			CITY LIMITS?	13e.STRE	EET ADDR	ESS /	ZIP COD	E		2000	
		THER'S NAME	Monteg	omery	WHEATON		YES X	NO T		706 F	lati	naway	7 Dr	• 4	2090	)
7	14. FA	FIRST		MIDDLE	LAST			FIRST	AME	MIDE				1AS		
1		Jose		М.	Thompso			Lucy		Mae					rego	
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		underlying couse lost. (c) DILATED CARDIOMYOPATHY														
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE											VEN IN	PART 1	D	
	o l															
)	S	190. DATE OF OPE	RATION	19b. COND	19b. CONDITION FOR WHICH OPERATION			FORMED	20a /	AUTOPSY?	,			S, WERE FINDINGS USED FYING CAUSES OF DEATH?		
	CERTIFICATION								YES	NO	[X		ES 🗌	CAUSE	NO	
1		210. ACCIDENT WAS	have been		FINJURY M. MONTH DA	Y YEAR	21c. HOW	INJURY OCCUR	RRED (ENT	ER NATURE O	OF INJURY	Y IN ITEM 18	PART I O	R PART 2)		
	ZA CA	(IF EITHER NOTIFY	the state of the s	area .	M.	19										
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		sow the dec	eased alive an e) (did) ( <b>স</b> ঠেক)	Apr.	ofter death.	80 , on	d that in (m	(our) opinion	death acc	curred on t	the dot	te and ho	ur and I	from the	couses s	tated
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	1	Juaine	- Kilena	2-1		1	Clin	ical Cer	nter,	Betl	hes	da, l	Md	2020	05	

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 4-22-1986

231 NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

ROCKVIIle Montgomery

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If he

24 FUNERAL DIRECTOR Lines Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

COUNTY STATE and that in (my) apinian death accurred an the date and haur and fram the causes stated OLNEY-SANDY SPRING RD 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Mar.26.1986 Cremation Lee's Crematory Washington, District of Columbia 24 FUNERAL DIRECTOR J. Wm. Lee's Sons Co. 300-4th St., NE, Wash., DC2000

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

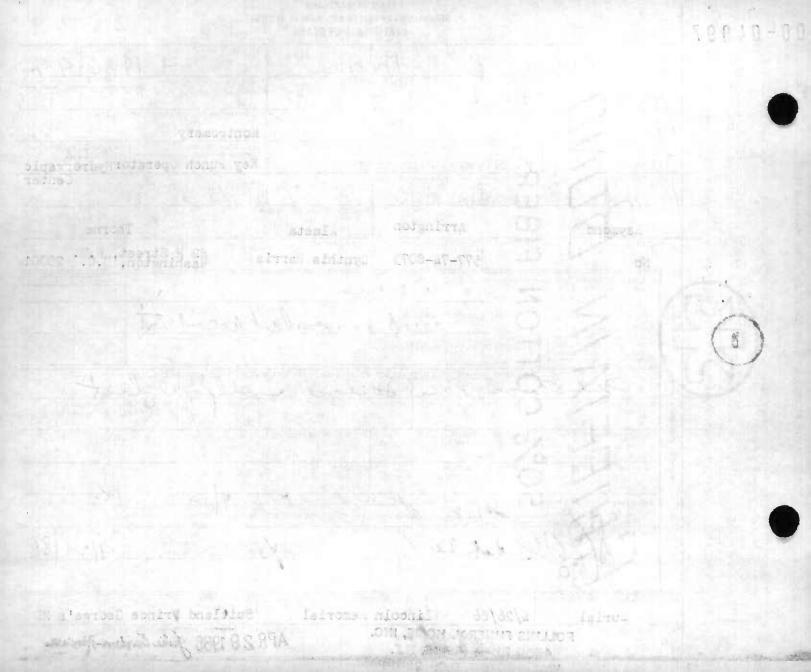
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1	1			STATE OF MARYLAND		
	1	FOR - STATE	DEP	ARTMENT OF HEALTH AND MENTAL	HYGIENE	121193
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		CEASED NAME FIRST	MIDDLE	(AŠT	20. DATE OF DEATH MONT	12 110 011
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e e e	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR KING LIFE) INDUSTRYDMA
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Phin thin	_	ATHER'S NAME	Co Oc-7/11/4/1 //	15 MOTHER'S MAIDEN	N NAME	11/2/12
MAR ad a series and a series an	1		MIDDLE LAST	ngton Almeta	MIDDLE	Thorne
X 5 5 5 71	1600	Raymond WAS DECEASED EVER IN U.S. AR		SECURITY NO. 17. INFORMANT	ADDRESS	THOTHE
Dond oges		YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)			street D.C. 20001
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BAL cote cote dependent appendent, th		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one couse per line for 101, (b	Menda Cit		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN. The low requires that inclining certificate be executed within 24 hours a cattending physicion.  (feer this certificate has been signed by the attention physicion and completely filled in by as the buriot-transit permit. Then place in thompopers. Pages found a tionid be file than administration of the properties of the	12	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITED	IN CHAPT THE
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OR he ho ochecochec		THE SIGNATURE	10 , 1 1.	DEGREE	NG / MEDICAL _ STAFF	220 DATE SIGNED
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5 g 5 g g		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	
BP		(SPECIFY) Burial	4/26/86	Lincoln Memorial	Suitland Pr	ince George's MD
	24 F			OOJE INC. 25a	DATE REC'D. BY REGISTRAR 256. F	REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	NAME ROLL	INS FUNERAL H	E NE	APR 29 1986	a Davidson Gardelle.
(VKA 15, 4)			339 HUNT PLAC	E, Wale	0	
		*A/ //	SHINGTON, D.C.	50013		



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1 71	1. DECEASE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO		-		

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEA	TH	B S REG. N	0.	2 4	7	and
		CRASED NAME FIRST Helen		1.	Tho	rp		20 DATE OF DEATH	86	DAY YEAR	26. HOU	85 M
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		female	whi	te	Ju.	ly 13, 1	Ľ899	86	YRS	MONTHS DATS	HOURS	MIN,
9		OUNTRY	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARI	RIED 🗆	9 BALTIMORE CITY	R COUNTY	OF DEATH		
7		Maryland	U.S.	Α.	WIDOWE			Montgom	ery C	county		MD.
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	/	Harry		Mercer		Al	lice	MIDDLE		Mason		
2		/AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRI	71	ockvil	le,	Md.
		no	E WAR ON DATES!	218-01-	-1194	Rev.Ri	ichar	d Reicha:	rd 97	01 Vei	rs	Dr.
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost.	D BY:  TE CAUSE (a)  DUE TO, O	Acute	CVI	A So Me	Li 150	7		HCU		DEATH
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-	MOST	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA	Y YEAR	21c. HOW INJURY	Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY EET, FACTORY OFFICE, FA	ARM ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	51	TATE
		22a I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did an	23/1	ARCIT-19	1014	, 1 and that in (my) (aur	9 9 1	ta April	ate and havi		hat (I) (=	
		226. SIGNATURE	Osla	y mil			NDING SICIAN [	MEDICAL STA		27c. DATE S	AGNED 5	6
		THOMAS CITYPEO	E. Doe	ler, My	7	22e ADDRESS	179 Oin	14, MA	578- 1724 CI	mone	2.31	2

DHMH - 16 60M 7/84 (VRA 15, 4)

736. BURIAL, CREMATION, REMOVAL SPECETS BUR ial
24 FUNERAL DIRECTOR

236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN
April 9,1986 Moreland Memorial Park, Baltimore, M
256 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

The Hysong Company 1300 N St.N.W. Wash

						OF MARYLAND .				
37.8	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG CATE OF DEATH	BIENE B 6	NO.	2 0	9 5
X		CEASED NAME DANG	1	MIDDLE		olson	20 DATE OF DEATH	1 - 11	1986	26 HOUR 55
	3. SE		1 RACE	lite	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
12	7a BI	RTHPLACE (STATE OR FOREIGN COUNTS)	76 CITIZEN OF	what country?	8 MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	MD.
0		Bethesda.	(IF NOT IN SUC	HEACHITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	TYPE OF WORK FOR MOS Ret		INDUSTRY_	BUSINESS OR SCaper
5	13a S			Silver Sp	N I	134 INSIDE CITY LIMITS? YES S NO		s / ZIP CODE	rt 2090	06
58	14 FA	Charles	MIDDLE	Tolson		Mary Mary	Ann	Wil	lliams	
T medical	16a V	VAS DECEASED EVER IN U.S. AI	MED FORCES? VE WAR OR DATES)	216-12-		Anna S. Tol		s 13e	Jan 1	
otic event, th		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI IMMEDIA	TE CAUSE (o)	17CUTE	OROA	chopheunowin				MATE INTERVAL INSET AND DEATH  L PLAN  A  A  A  A  A  A  A  A  A  A  A  A
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	1AGSIVE L	IVER	OF ESOPH		Llunar	150	MONTHS
o 'Ainlui	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVEN	IN PART To	
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYE YES	WERE FINDING NG CAUSES (	GS USED OF DEATH?
Them as shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IT	NJURY IN ITEM 18 PAR	TIORPART 2)	
orkedor	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC }	211. LOCATION STREET	CITY OF	10wn	COUNTY	STATE
rem 21 is m		220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE)	_ 24	Mpul 19		d that in (my) (our) opinion of	deoth occurred on the	dote and hour a		
with the State De		22d PHYSICIAN'S NAME (TYPE	e T	Lebre	270	ATTENDING PHYSICIAN 2	MEDICAL STORE PHY	TAFF SICIAN []	35A	pril M
IMPORTANT:	230 5	EUGENE 1	- L 16	RE M.	A ,	KENS.	123d LOCATION	, and	. 20	885
		Burial				wn Memorial	D : 1/4/A	kville, I	Marylai	nd STATE
	24 FI	JNERAL DIRECTOR TUCO	n Whaala							

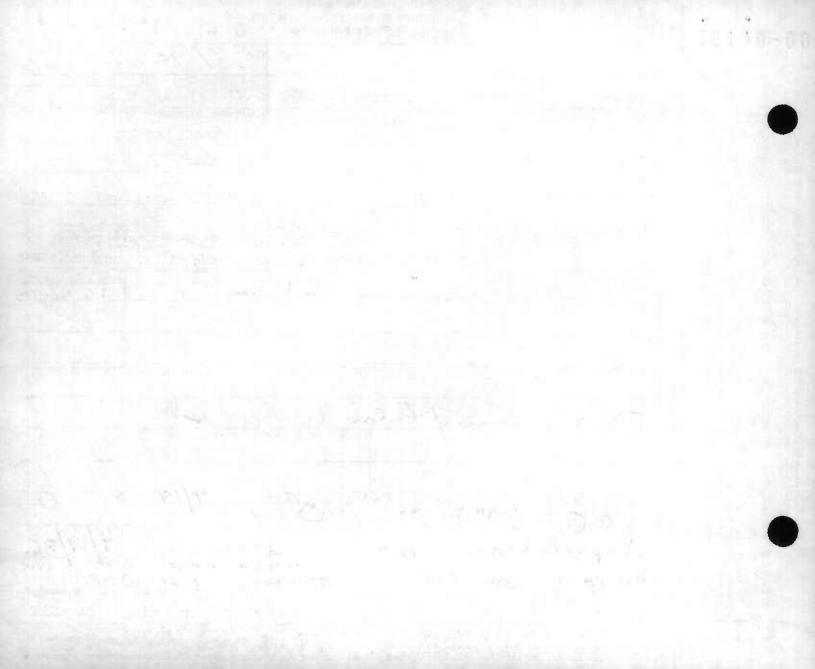
DHMH - 16 60M 7/84 (VRA 15, 4)

T331 Rockville Pike, Rockville, Maryland 20852 MAY 2

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	nay be poge 3	5	TYPE OR F	Richa	FIRST RI	CHARD M &		M. TA	TRUSLO US ( O W OF BIRTH	)W	2a DATE OF		1 -1	YEAR  9 - 8-G	2b HOUR 9 35 M
	ge 4 m ector.		J. 3CX	MALE		WHITE			JARY 11, 193	53 <sup>AR</sup>		53	YRS.	ONTHS DAYS	HOURS MIN.
U	arth. Po	17	COUN	PLACE (STATE OR HINGTON,	D.C.	U.S.		MARR	ED NEVER MARI		BALTIMOR			OF DEATH	
	y the functed within		IO. CITY	OR TOWN OF DE ETHESDA		11. NAME OF	HOSPITAL, N	URSING HOME STREET ADDRESS) DLN STRE	OR OTHER INSTITUT	CED [X	MUN 12a USUAL C (TYPE OF WORK MECHA	FOR MOST OF	N		F BUSINESS OR
AND 2120	n 24 hours filled in b	33	MAR	ESIDENCE HENUR TE YLAND	13b_COUN	OTHER INSTITUTION		BEFORE ADMISSION	13d INSIDE CITY L	○ 【X	13e.STREET A 5428	DDRESS /	ZIP CODE DLN ST		20817
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IMORE	oe exec	medica	(YES	DECEASED EVER		WAR OR DATES)		4-0209	EVELYN	TRUSL	OW,MOT			S ITEM	13
r., BAU	inficate h	vent, the	18	PART I. DEATH V	VAS CAUSED	y one couse pe ) BY: E C AUSE (p)	line for (0), (		2014					BETWEEN	MATE INTERVAL ONSET AND DEATH
PRESTON S	he death cert he attending emove cacho matian, or e	or transmotic	g	onditions, if ony ove rise to im ouse (o), stati	, which	DUE TO, C	RAS A CON	SEQUENCE OF	a of	Lunc	ing.	¥		8/8	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires that en signed by . Then please or to burial, cn	injury, ar ath	PA		NIFICANTO	(c)ONDITIONS C	ontributing	G TO DEATH BU	T NOT RELATED TO		NAL DISEASE	OR COND	PITION GIVE	N IN PART 1/0	,
AL RECO	he law an. has be t permit	shows on	CERTIFICATION 061	DATE OF OPERA	NOIT	196 COND	ITION FOR W	HICH OPERATI	ON WAS PERFORME	D	200 AUTO	NO X		WERE FINDING CAUSES	
N OF VIT	rSICIAN: Ting physicis certificate urial-transit	Hem 18 sh	CAL	ACCIDENT WAS UN CONTRIBUTING  IF EITHER, NOTIFY MED INJURY OCCUR	CAUSE OF DEAT	HOUR A		H DAY YEA	21c HOW INJUR	Y <b>O</b> CCURRE	D (ENTERNAT	URE OF INJURY	Y IN ITEM 18 PA	ART I OR PART 2)	
DIVISIO	attend attend fter this as the b	orked o			HILE [	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM ETC )	STREET		,	CITY OR TOW	//	COUNTY	STATE
	RATTENDII hospital or RECTOR: A red far use pt. of Healt	m 21 is mo		sow the decease obave, (1) (we) (	(this hospiti ed alive on or (alid not	ol) ottended the	ofter death.		and that in (my) (our	9 ) opinion de	to 4	on the dot	te and hour	and from the	
	At Off	ANT. # Be	771	SIGNATURE		1. C.	ohe	Cen	DEGREE ATTEN PHYS	NDING SICIAN	MEDICAL DIRECTOR [	STAFF		120. DATE:	SIGNED
	retained by TO FUNER should be	IMPORTA	22. PUD	Tere	mly	V. (	ook	e WD	10400	Co	M.	Ane	. Ken	nsingf	in Md.
	BP		(SPEC	BURIAL		23b. DATE 4/22/8		PARKLA	CEMETERY OR CREM WN CEMETEI		ROCK	KVILL		RYLÄND	STATE
	DHMH - 16 60M (VRA 15, 4)	7/B4		RAL DIRECTOR 804 T ST	RICHA N.W.	RD RAPF	INC.	D.C. 20	009	250 DATE		GISTRAR 2	Sh REGISTE	AR'S SIGNATI	indella
		· ·				/						-44			

(VRA 15, 4)



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 2b HOUR RAFAEL VALDIVIA.JR (TYPE OR PRINT) 4 RACE & AGE (IN YEARS LAST BIRTHDAY) AUGUST 26. 1926 MALE WHITE BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. NEW YORK WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINES INDUSTRY LANGUAGE TEACHER SCHOOL USUAL RESIDENCE (IF MARSING HOME OF OTHER INSTITUTION OF WE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 136 STREET ADDRESS / ZIP CODE 10507 CASCADE PLACE 20902 MONTGOMERY STLVER SPRING MARYI AND 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE GNECCO LAST LUCTLA RAFAEL VALDIVIA. SR. 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. SOLEDAD VALDIVIA, WIFE, SAME AS ITEM #13 578-64-6591 18 CAUSE OF DEATH /Enter only one cause per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA Canditians, if any, which gove rise to immediate cause (a), statina underlying cause last. 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 216. TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 220 L certify that (1) (this hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) apinion death accurred an the date and haur and from the causes stated 226. SIGNATURE 22c. DATE SIGNED MEDICAL um 1- Kannastat ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 5.5. MD 20916 KANNARKAT 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23c NAME OF CEMETERY OR CREMATORY 4/30/86 ISLAND POND CEMETERY HARWICH, MASSACHUSETTS

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

RICHARD RAPP, INC.

T ST., N.W., WASHINGTON, D.C. 20009

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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Hall 382 of Ridering College

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A Parent of	1			STATE OF MARYLAND		
01511	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE	2 1 0 1
- 04344		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	LBE	CEASED NAME 1907	MIDDLE	LAST		DAY YEAR 26. HOUR
2 83 10		James	R. Walsh	, Sr.	4/20/19	86 7:40pm
1 2	1.58		1 HACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
10		MALE	WHITE	APRIL 22 1917	68 YRS	MONTHS DAYS HOURS MIN,
10 P 20	7n. B	RTHPLACE PLINT OF FOREIGN	6 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	/
31 60	NE	CAROLINA	U-5.19	WIDOWED DIVORCED [		IND,
	TI	AKOMA PORK	HE NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)  VENTIST HUSPITA	120 USUAL OCCUPATION (149E OF WORK FOR MOST OF WORKING UP  SECURITY GUAL)	(E) NOUSTRY  VITRO CORP
13/8/5		STATE SULLOU		N \$ 13d. INSIDE CITY LIMITS?		
		Al Harrison Company of the Company o	GEO MT. RAM		3222 BUCHENAL	15% 20712
30 1/1	1.	ATHER'S NAME	MIDDLE / LAST	IS MOTHER'S MAIDEN I	MIDDLE	LAST
80/100		TYRE	GLENN WAL:	- 1-v + 1 - 1		ESSWOOD
P 1 1 1		VAS DECEASED EVER IN U.S. A YES NO ORUNKNOWN) (IF YES, G	IVE WAR OR DATEST	- 1	ADDRESS	MT. RAV.
P. P		NO	246-26-3	THY EDITH C. D	WALSH, 3222 BUCK	WAN ST THE MI
18.00		IL CAUSE OF DEATH (Enter of	only one couse per line or (a), (b), an	dici-> /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1000		PART I. DEATH WAS CAUS	ATE CAUSE (a) LIVE	tailure		3 Upus
ar re		IMMEDIA	N V		T /	1
9.5		Conditions, if any, which	DUE TO, OR AS A TONSEOU	STATE ( MICHAL)	OWA to robanis	111000
to to		gove rise to immediate	(6)	rane (unima	an esquinges	1900
office of		underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF	' /	/
0 0		PART O COLUER SIGNIFICANT	(c)			
101	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KETATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART 1to
18 177	CERTIFICATION	19s DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
2 5 7	8	TE WINE SEVEN ENGINEERS	The constituent on which	OTERATION WAS TEM ORMED	IN CERTIF	YING CAUSES OF DEATH?
100	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tal. How blury occ	YES NO YE	
1 8 T	10.7	OR CONTRIBUTING CAUSE OF DE		AY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
117	5	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
10 30	MEDICAL	THE INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	caroefoun	COUNTY STATE
the party	2	NOT WHILE AT WORK	(ATTIONE, STREET, PACTOR), OFFICE, P	-11-161	4/- /	41
D 0		22a. I certify that (1) this hosp	oital) shalled the decreased son	2/13/90	10 4/h0/0	that UK (we) lost
ST S		sow He re eased object	291120 100	and that immy our) apinic	an death accurred in the date of d have	
241		The STANATIRE	at high body after feath.	DEGREE		THE DATE NONED
5645	1	1/1/11/11	Weens	IA . ATTENDING	MEDICAL STAFF	116.14
A d to to		Van a	i susualle	PHYSICIAN	DIRECTOR PHYSICIAN	4/21/06
70,00	1-	THE THE PARTY OF THE STATE OF T	0/	22e ADDRESS	or I.	of hour
APORT		HOMOS H	· BBAISIOUGE?	1585/9100	IWAYCIR Dr. (	9100ab9/14D
21.51	230 E	BURIAL, CREMATION, REMOVA	L 236. DATE 23c 1	NAME OF CEMETERY OR CREMATOR	Y 234 LOCATION	20.220
- 12		Burial	april 24, 1986 7	or Kincoln Cina	du Brielwood	COUNTY WILL TAY O
	24 FI	UNERAL DIRECTOR	V		ATE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR
TORONA THORAS HOME )

James R. Walsh and Street West of the Street MILE NW 22 MAY 22 MAY 22 MAY wied commit 4.5.4 Moditances THEORY PARK MARSHUETS AND ANTON THE SECURITY MARSHUE WITH CAST MD NEED AT LANGE 2222 Themales ST 2172 THE CHEEN WATER GASTERNE DAYS JUL-14-5724 BATH C. WALLS, STATE BLEGGEN ST. BK. AT The state of the s 3/10/2/20 3/2/20/20/20/20/ Farrant Thank at 1955 For it, Cartley Standard Tolly Telling time the said substitute son Court of the Och

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH EASED NAME 26 HOUR Arthur Compton Ward April 23, 1986 1:00am 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 23 HRS 3:5EX IF UNDER I YEAR Male January 9, 1911 Caucasian TO BIRTHPLACE (STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States Maryland Montgomery 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Salesman Rockville 1108 Viers Mill Road Retail USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 130 STREET ADDRESS / ZIP CODE 1108 Viers Mill Road 20851 Montgomery Rockville Maryland YES TX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Herbert Ward Mary Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17 INFORMANT Irene C. Ward (Wife) 1108 Viers Mill Rd 579-28-7931 NO Rockville, Maryland 20851 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY Sudden east dis som Conditions, if ony, which gove rise to immediate cause (o), stating underlying cause ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE FARM, ETC ) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased fram. 19 860, and that in (in) aur) apinion death occurred an the date and haur and fram the causes stated DEGREE 226 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Apr. 24, 1986 72e ADDRESS John G. Lodmell, MD 230. BURIAL CREMATION, REMOVAL April Cremation Metropolitan Crematory Alexandria Virginia 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Robert A. Pumphrey Funeral Homes, P.A. ,300 W. DHMH - 16 60M 7/84 Montgomery Ave., Rockville, Maryland 20850 (VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	2	O.	
6		lin	8	-

I. DECEASED NAME FIRST				REG. NO.	
(TYPE OR PRINT)	MIDDLE	L	AS1	20. DATE OF DEATH MONTH	3. 1901 26 HOUR
Edna	н.	We	eaver	HPRIL d	3/1986 8 ª 9AM
3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Female	White	June	26, 1904	81 <sub>Y</sub>	RS DATS HOURS MIN.
10 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
England	England	WIDOWE		Montgomery	MI
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	TREET ADDRESS)		120 USUAL OCCUPATION  (1YPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
Chevy Chase	Bethesda Re		t Center	Homemaker	Own Home
13a. STATE 13b COU			13d INSIDE CITY LIMITS? YES 🔀 NO 🗋	13. STREET ADDRESS / ZIP C 3114 Fayette	Road/20895
14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE	LAST
William S	anders Hai	mes	Florence	М.	Kerry
160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST	SECURITY NO.	17 INFORMANT	ADDRESS	
No	220-	32-7367	Constance W.	Strachan, San	ne address as #13
18 CAUSE OF DEATH (Enter c	only one couse per line for 19-b	o, and ic	/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	20 150	Direct		
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF	or a prove	of Sisper	
couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM		
couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT	(c)	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION    280 AUTOPSY?   1286.	N GIVEN IN PART 1:0  F YES, WERE FINDINGS USED
couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION  200 AUTOPSY?  20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
PART 2 OTHER SIGNIFIC AND 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING  ONDITIONS CONTRIBUTING  19b. CONDITION FOR WE  21b. TIME OF INJURY	O DEATH BUT DIST HICH OPERATION	NOT RELATED TO THE TERM  SSC  N WAS PERFORMED	INAL DISEASE OR CONDITION    280 AUTOPSY?   1286.	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \ NO
PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING  ONDITIONS CONTRIBUTING  19b. CONDITION FOR WE  121b. TIME OF INJURY HOUR A.M. MONTH	O DEATH BUT DIST HICH OPERATION	NOT RELATED TO THE TERM  SSC  N WAS PERFORMED	INAL DISEASE OR CONDITION  200 AUTOPSY? 20h. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \ NO \
PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING  19b. CONDITION FOR WE  19b. CONDITION FOR WE  ATH HOUR A.M. MONTH  P.M.  21e. PLACE OF INJURY	DAY YEAR	NOT RELATED TO THE TERM  SUSC  N WAS PERFORMED  21c HOW INJURY OCCURE  211 LOCATION	INAL DISEASE OR CONDITION  200 AUTOPSY?  20b. IN C  YES NO  RED (ENIER NATURE OF INJURY IN ITEL	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YESNO
PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED	ONDITIONS CONTRIBUTING  19b. CONDITION FOR WE  21b. TIME OF INJURY HOUR A.M. MONTH (R) P.M.	DAY YEAR	NOT RELATED TO THE TERM  PSC  N WAS PERFORMED  21c HOW INJURY OCCURE	INAL DISEASE OR CONDITION  200 AUTOPSY? 20h. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \) \( \text{NO} \)
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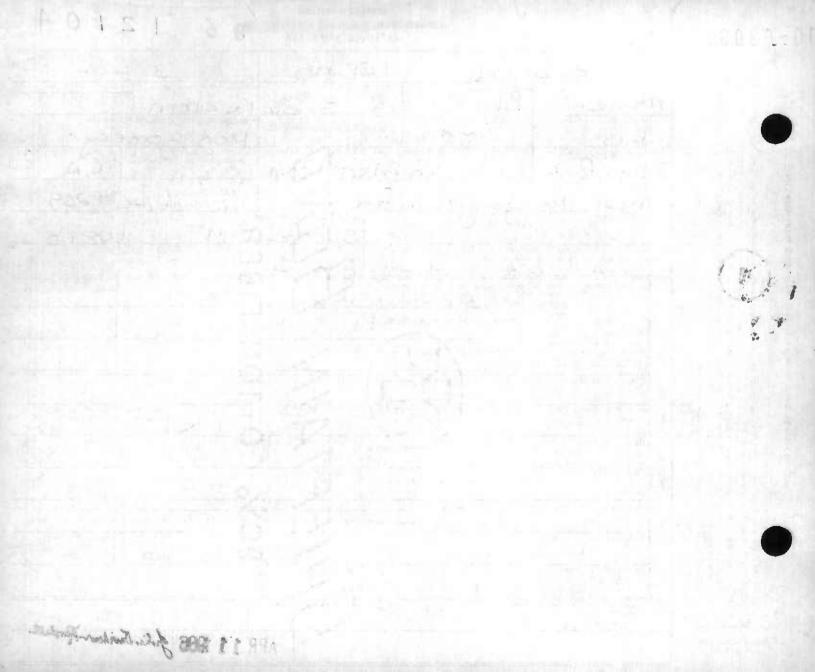
DHMH - 16 60M 7/84 (VRA 15, 4) 74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
5130 Wisconsin Ave, NW, Washington, D.C. 20016

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REC	n. nos beer permit.	2	196 DATE OF OPERATION	196 CONDITION FO	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI	G CAUSES O	F DEATH?
A	E 0 0 P	Ē:					YES NOW	YES [		NO 💆
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	OR ATTEN ne hospital DIRECTOR sched for u Dept. of He		22b. SIGNATURE	IT view the body offer dea		DE GREE.			22c. DATE SIG	GNED
			V Suba	amau	Jan M	ATTENDING PHYSICIAN	MEDICAL STA	FF IANI T		
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	TO HOSPITAL retained by t TO FUNERAL should be det with the State MAPORTANT.		V. SURD	AM ANI	ANMO					
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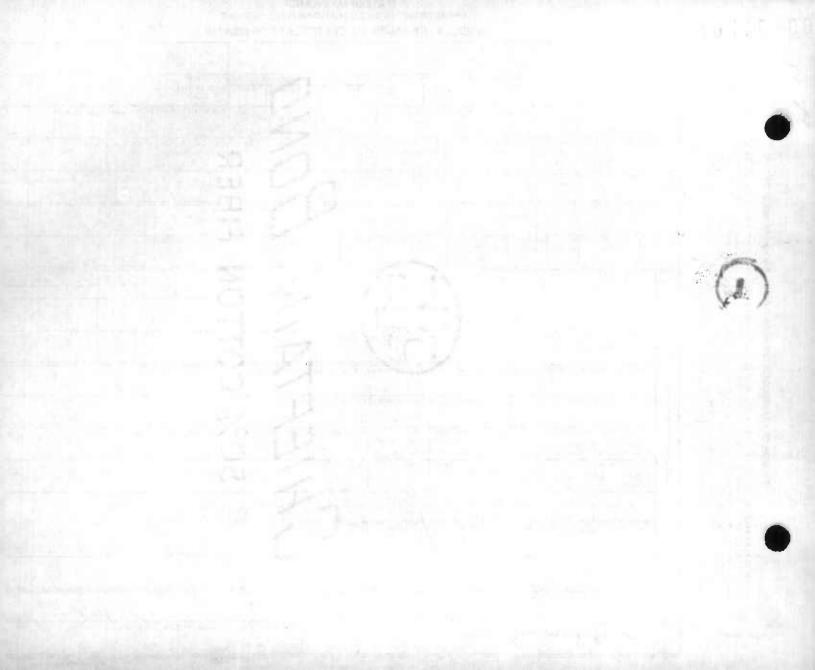
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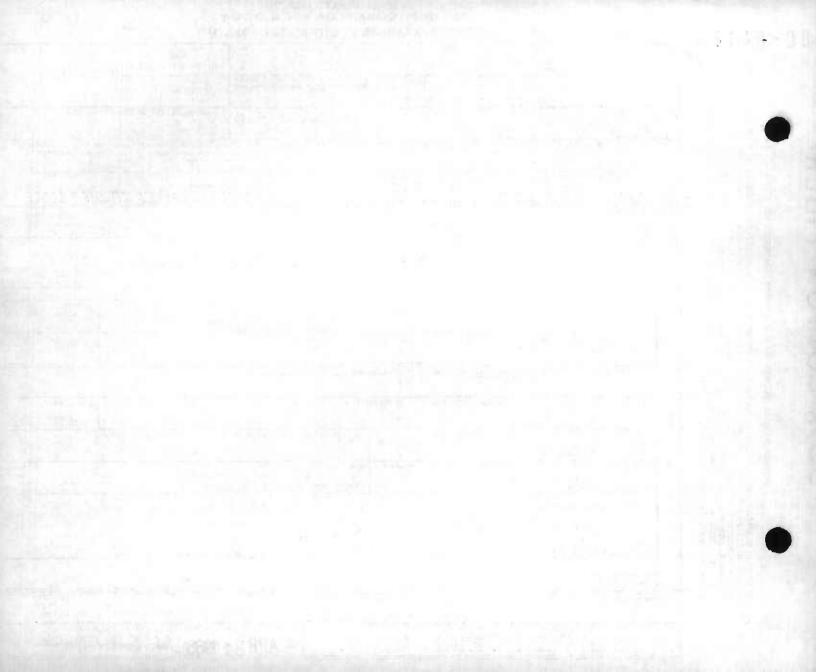
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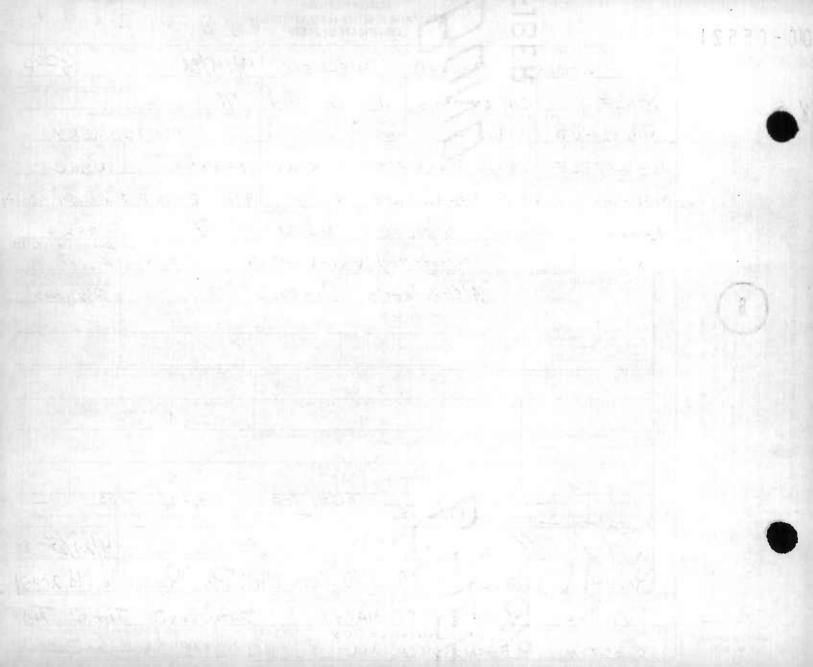
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		FOR		DEPARTMENT OF HEAL	TH AND MENTAL H	YGIENE ( )	1 0 0		
nn-	04170	1 - STATE REGISSION	ME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
UU	04110	LISECEASED NAME FIRST		MIDDLE	LAST	20 DATE KNOWN MONTH	DAY YEAR 2b. HOUR		
	₩ x x x x = 10	Jos	eph 1	Frankl <i>u</i> n 1	Welch	OF ESTI- DEATH MATED X 4/	5/ 1986 M		
	REGIETA	1 SEX RACE	5. DATE OF BIRTH	6 AGE (IN YEARS IF	UNDER 1 YR. IF UNDER	24 HRS. 2c DATE MONTH	DAY YEAR 24 HOUR 2:35		
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	S NECESSARY, PLEASE FUNERAL DIRECTOR. E FTOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET	ID. CITY OR TOWN OF DEATH	USA 11 NAME OF HOS	SPITAL, NURSING HOME, OR C		ED   Montgomery Co			
	PESE /	1	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY		
	P C N	Great Falls  DUAL RESIDENCE (IF IN NURSING HO	Great Fa	alls Park		STUDENT			
	IF ANY DEL 2, AND 3 TO 3. RETAIN P 2 SHOULD HE ALRECOR	13e. STATE   13b CC	UNTY	13c. CITY OR TOWN		13e. STREET ADDRESS			
	SHOW SHOW		GOMERY	KENSINGTON	YES NO X	10610 WHEATLEY STR	EET 20895		
	RE, MD.	14 FATHER'S NAME	MIDOLE	LAST	15. MOTHER'S MAIDE	MIDDLE	LAST		
	る かいこうかつ (	JAMES		WELCH	MARY		ICCARTHY		
	TER PA	160. WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STANDARD ARPLAND, 2	230. BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETER	ADDRESS				
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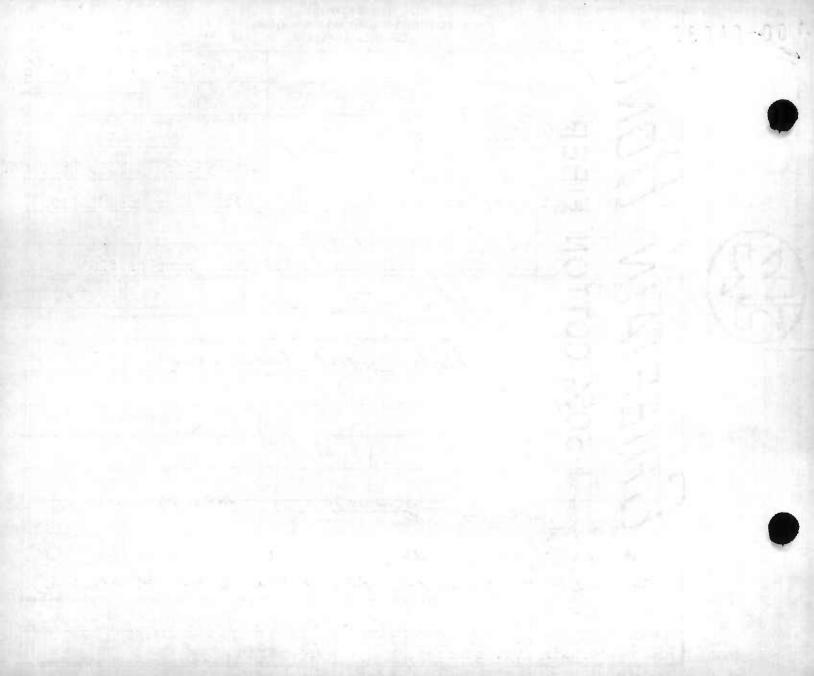
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	(VRA 15, 4)		W	C. HILTON		JESVILLE		M	AY 0 2 198	8 Julia	Davidson-	April 1882	



0551	7	1 -	FOR STATE REGISTRAR		DEPAR	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	1 2	
			EASED NAME FRST		WIDDLE	D. 19/0/	20 DATE OF DEATH	AONTH DAY YE	AR 26 HOUR
oy be		(IANF (	RPRINTI Fred	Albe	ert	White		4-24-19	86 2:20A
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	FOR DEPARTMEN	STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG	SIENE (5) 40	2111
10,-0403	/ I - STATE REGISTRAR	ERTIFICATE OF DEATH	REG. NO.	
" m∈ 1 <b>h</b>	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	LAST	Annil 1/	20 1100113
oge 3 deoth		Vhiteman	April 14, 1	
ector, p		Date of Birth Aug. 18 <sup>a</sup> , 19 <sup>e</sup> 21	6 AGE (IN YEARS LAST BIRTHDAY)  64  YRS.	UNDER TYEAR IF UNDER 24 HRS
fer death. Po he funeral dir within 72 hau	wasnington, DC   United States   w	MARRIED NEVER MARRIED	Montgomery Cou	
s offer d	Bethesda  11. Name of hospital, nursing i		Supervisor	126 KIND OF BUSINESS OR INDUSTRY Telephone Co
in 24 hour y filled in I hould be f	NOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADJUSTED IN STATE 13b COUNTY 13c CITY OR TOWN Maryland Montgomery Bethesd:	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 8723 Ridge Ro	pad/20817
ompletel ond 2 s	Alexander Whiteman	Is mother's maiden NAI  Grace	WIDDIE	Adams
n and c	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY YES NOOR UNKNOWN) 1 WWW. TTOR DATES 579-12-10		iteman, same as	#13
requires that the death certificates signed by the attending phy.  1. Then please remove carbango or to buriol, cremotion, or removing y injury, or other traumotic even	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	E OF LEVER OF THE BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	
N The low ysicion. cote hos be core hos be Hygiene prin 18 shows on	190 DATE OF OPERATION 196 CONDITION FOR WHICH OP  210 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY		200 AUTOPSY? 200. IF YES, IN CERTIFYII YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
PHYSICIAN inding physicians this certifical this certifical e buriol-trai d Mentol Hy d or Hem 18	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21d PLACE OF INJURY  LATHOME STREET FACTORY OFFICE FARM	YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
spital or atter CTOR: After After use as the af Health an	220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on the deceased live on the deceased live on the deceased live on the body after death.	ory 1973, 19	to APRIL 14, 19 death occurred on the date and hour o	that (live) last
TO HOSPITAL OR veroined by the ho TO FUNERAL DIRE should be detoched with the Stote Dept MPORTANT: If here	226 SIGNATURE  LANGE (1VPE OR PRINT)  THOUSENESS NAME (1VPE OR PRINT)	22e ADDRESS	MEDICAL STAFF DIRECTOR DHYSICIAN D	4/14/86 4/14/86
BP———BP———	230 BURIAL, CREMATION, REMOVAL 236 DATE ABRIL 236 NAA (SPECERY) Burial 17, 1986 Gate	e of Heaven Cer	m Silver Sprin	ng, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	7557 <sup>AME</sup> Wisconsin Ave. Bethesda,	neral Homes 25m DAI	PR 1 R 1000	AR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 10-02538 1 - STATE CERTIFICATE OF DEATH REG. NO. REGISTRAR 20 DATE OF DEATH MONTH YEAR 26 HOUR L DECEASED NAME TYPE OR PRINTS 986 DONALD WIERSEMA APRIL 1428PM IF UNDER LYEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX HINOM MALE CAUCASIAN 34 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED [ ONTGOMERY Illinois 126. USUAL OCCUPATION
(IYPE OF WORK FOR MOST OF WORKING LIFE)
INDUSTRY OVA
COLL Bridge Attendant—Comm. It. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JAITHERSBURG SHADY GROVE ADVENTIST HOSO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Whiteside LLLINOIS FULTON YEXX NOF VENCE 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE EIRST John H. Wiersema Katherine Haan ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 342285508 Patricia Ann Wiersema same as 0 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: RRGST ARDIAC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. LISCHEMIC ARDIOMYOPATHY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC ) AT TORK NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram sow the deceased alive an 3/3/ above (1) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death occurred on the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TTYPE --22e ADDRESS 50 W. EDMONSTON DRIVE, STE 208 ARTYRES 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE burial Fulton Cemetery Apr. 5 1986 Fulton, Illinois 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 14 FUNERAL DIRECTOR Ves-Pearson Funeral Homes DHMH - 16 50M 4/82 Arlington, Va. 22201 whice Davidson (VRA 15, 4)

00-03381

## STATE OF MARYLAND

E	- 1	0		1
REG. NO.		line	2	- 1
REO. NO.			_	_

1 - STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	GIENE 8 6	12113
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOURS
TYPE OR PRINT) Leal	May	Wilder	April 10	86 3-AM
1 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
female	white	Jan. 26 1899	87 YRS	MONTHS DAYS HOURS MIN.
In BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUN	
Maryland	USA	WIDOWED DIVORCED	Montgom	
IO CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS)	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
Gaithersburg	Wilson Health	Care Center	Homemaker	own home
USUAL RESIDENCE (IF NURSING HOM 13a. STATE 13b. CC	E OR OTHER INSTITUTION RESIDENCE BEF	ORE ADMISSION)	138.STREET ADDRESS / ZIP CO	DE
36 2 1	tgomery Silver		10401 Kinloch R	
14. FATHER'S NAME	-gomery priver	15. MOTHER'S MAIDEN N		Dau 20903
FIRST	MIDDIE LAST	FIRST	WIDDLE	IAST
William	F. McElfi:		Н.	Hinkle
60 WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN)   (IF YES)	GIVE WAR OR DATES	CURITY NO. 17 INFORMANT	ADDRESS	
N/A	N/A 579-22-	-6224 A Dorothy W.	Webb -daughter-(	same as 13e)
18 CAUSE OF DEATH (Enter	only one cause per Me for tal, (A),	and (c).1	1 1 01	APPROXIMATE INTERVAL BOWEEN ONSE AND DEATH
PART I. DEATH WAS CAL	JSED BY:	50 - VARAUL N A	pardent	ROLLE
IMMED	TATE CAUSE (a)	7 100 000 11 10		Trus!
	DUE TO, OF AS A CONSEC	WENCE OF ATTIME	elvine,	
Conditions, if any, which	(b) WW	an mount		
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	VIENCE OF LA LINE X		
underlying cause last.		Wille on 2		
DART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	ANNIAL DISEASE OF CONDITION O	INVENTINA DADT 1
	TONDITIONS CONTRIBUTING T	O DEATH BOT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	SIVEN IN PART 110
ZOLUTION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	104 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	'ES, WERE FINDINGS USED
DATE OF OPERATION	178: CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
Ë			YES NOTE	YES NO
210. ACCIDENT WAS UNDERLYING		DAY YEAR 216. HOW INJURY OCCUI	RRED (ENTER NATURE O IN ITEM I	8 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF	DEATH	19		
(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	211 LOCATION		
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY
AT WORK AT WORK		101-111-1	1/1	-9
220.1 certify that (I) (this ha	spital) attended the decembed from	- X X	, to	. 19, that (I) (we) tost
saw the deceased alive	not view the body alter depth	and that in (my) (our opinion	death occurred an the date and h	aur and fram the causes stated
226. SIGNATURE		DEGREE		224 DATE SIGNED
MA	2/16/90	ATTENDING	MEDICAL STAFF	4/10/86
22d PHYSICIAN'S NAME (3)	PE OR PRINT)	PHYSICIAN 220 ADDRESS C	DIRECTOR   PHYSICIAN	1
100	· WARD 6	11/2 8 1/11/200	- Lathier	1,50817
Thos	MANDE	116 Januar	dille	an 201
230. BURIAL, CREMATION, REMOV		C. NAME OF CEMETERY OR CREMATORY	23d LOCATION	10000
(SPECHY) Cremation	4-11-1986 L	ee's Crematory	Washington, I	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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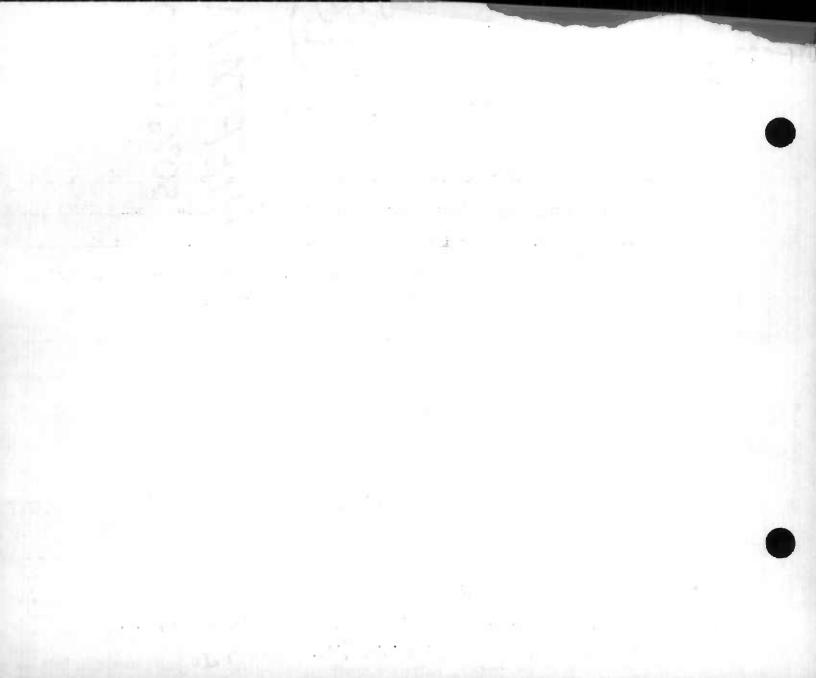
TO FUNERAL DIRECTOR: After this certificate has been signed by

IMPORTANT: If Item 21 is marked or Item

24 FUNERAL DIRECTOR Hines / Rinaldi Funeral Home

11800 N.H. Ave. Silver Spring, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE IFICATE OF DEATH 5 REGISTRAR . DECEASED NAME (TYPE OR PRINT) OF DEATH MATE **♣** RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE MONTH PRONOUNCED HOURS DEAD 7a BIRTHPLACE NEVER MARRIED FOREIGN COUNTRY Illineis 53 D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY School Teacher P.G. County 13a. STAJE 13c. CITY OR TOWN 13e STREET ADDRES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Edward Henry Bryant Bertla Ann 16b. SOCIAL SECURITY NO. 17. INFORMAN 1031 N. E. Juniper St. IN WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) No 350-26-1387 Pete Wilhelm Canby, Oregon APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED OF HE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR UNDERLYING P.M. 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian Natural couses death resulted fram. Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE (TYPE OR PRINT) 1919 Seminary Rd. Silver Spring. Md. John S. Rogers. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 4/9/86 Metropolitan Crematory Cremation Alexandria Virginia 07/B4 BP DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** George P. Kalas Funeral (VR A15 ME (5))

STATE OF MARYLAND

Illinois

Jonool Teloner 20770

soward early tryant - 777 e [free! 1031 W. E. Juniner St. 350-26-1307 Fete withelm Camby, Oremon

John S. Roser, M.

1919 erinary hd. bilrer borner, 'd.

Cremation 4,0/86 verropolitan Crematory \*lexandria Virginia

George P. Kalse Ameral Nome Cron Hill Rd.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.

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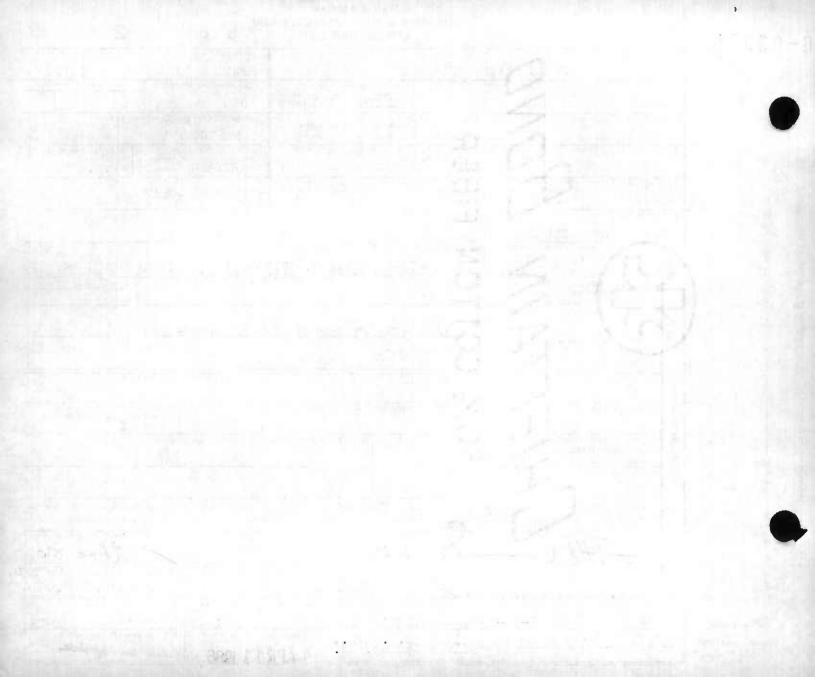
## STATE OF MARYLAND

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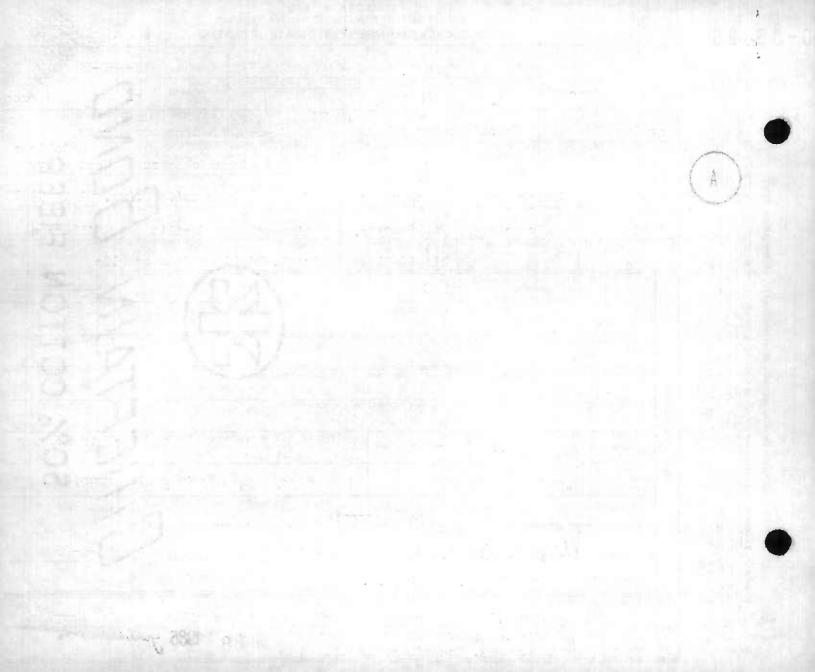
1	STATE REGISTRAR			DEPART		ICATE OF DEATH	HYGIENE	REG. NO.		2	1
	ECEASED NAME	FIRST	-	MIDDLE	l	AST	2a DATE	OF DEATH M	ONTH DAY	YEAR	26. HOUR
		JAMES	ALBEI	RT WILLIA	AMS		APR	IL 8 19	86		12:50
3.56	EX	4 F	RACE		5. DATE C		6 AGE (I	YEARS LAST BIRTHE	DAY) IF UN	DER I YEAR	IF UNDER 24 H
M	IALE	C	CAUCAS	IAN	APR	IL 7 1930 YEAR	56		YRS.		
7 7a 8	SIRTHPLACE (STATE OR FO	DREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNTY OF	DEATH	
	NEW YORK	U	NITED	STATES	WIDOWE		O Me	ONTGOME	RY		
7 10.0	BETHESDA	īН 11.	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET NAVAL HOS	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WO	L OCCUPATION ORK FOR MOST OF V TIRED		U.S.	NAVY
13a.		MONTGC		SILVER S	VN	13d. INSIDE CITY LIMIT	S? 13e.STREET	ADDRESS / Z O MISTL	ZIP CODE ETOE CO	OURT	20904
1	ATHER'S NAME FIRST  LBERT EARL	WILLIA		LAST		15 MOTHER'S MAIDEN	RA ANNA			LAS	57
	WAS DECEASED EVER IN	U.S. ARMEL		16b. SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS	S		- 61
	YES	1945-1	.967	094-20-	-7599	MARIE O.WI	ILLIAMS,	14800 M	ISTLET		URT,
	Conditions, if ony, gove rise to immicouse (o), stating underlying couse	ediote 1 the lost.	(b) DUE TO, O	r as a conseou <b>AC</b> I	OTHER ENCE OF ITE MY	APY INDUCEI	EUKEMTA			NOAST.	
CERTIFICATION	190 DATE OF OPERATI					IN WAS PERFORMED			20b. IF YES, WI		200
TIFIC							YES 🔀		IN CERTIFYING	G CAUSES	
1	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH D	AY YEAR	21c. HOW INJURY OC	CCURRED (ENTER	NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	WHILE NOT WHILE AT WORK	IE 🗍	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET		CITY OR TOW		COUNTY	STATE
	22a I certify that (1) ( saw the deceased above, (1) (we) (di	d olive on	API	RIL 8 19	86	CH 25 , 19 E nd that in (my) (our) opi	,	APRIL red on the date		from the	
	22b. SIGNATUR	E Vi		_X	mo	711131017	N DIRECTO	R PHYSICIA		9 AP	R 86
/	22d. PHYSICIAN'S NA	ME (TYPE OR PR	INT)			22e ADDRESS NAV		-			
	Ј. н.	EDMUNI	S, LC		ISN	NATIONAL (			BETHE	SUA,	FID 200
/ 23a.	BURIAL, CREMATION, R	EMOVAL 2	OS, LC 23b. DATE 1-11-1	23¢	NAME OF C	NATIONAL C EMETERY OR CREMATO ON NATIONAL	ORY 23d. LOC	REGION, CATION ITY OF TOWN LINGTON	co	UNTY	IRGINI

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME 20. DATE KNOWN IC MONTH TYPE OR PRINTS Jr. Francis DEATH MATED X 4-30-8610 4 RACE DATE OF BIRTH SEX 2d. HOUR DATE Male Caucasian PRONOUNCED Dec. 9 1946 5-4-86 39 12noon DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Maryland United States Montgomery County, DIVORCED 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND CO TUDE E CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Whites Ferry , TRE Portomac River Dickerson Groundskeeper Montgomery SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 357 Westside Drive. #102 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Montgomery Gaithersburg M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Williams, Sr. Milton Wilkerson Francis Cecilia Elizabeth 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Anita L. Williams Same as #13e 219-46-7183 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE SHE EXECUTE THE CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORN PAGE 4 SHOULD BE FORWARDED TO THE CONTROL PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BELLIMORE, MARKHAND 31201 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY subject on small boat which was struck by a HOUR SAMMANTED DASSYEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH cable overturning boat Te PLACE OF INJURY STREET FACTORY, FARM, ETC.) Whites Ferry Potomac Rawer Dickerson, Md. AT WORK NOT WHILE X river AT WORK 220. I certify that I taok charge of the remains described above, held on Accident X death resulted fram Natural causes TITLE (SPECIFY) ACTUAL DATE 5-5-86 MD Assistant SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Maryland Parklawn Memorial Park Rockville May 8.1986 07/84 Robert A. Pumphrey Funeral Homes **DHMH - 17** (VR A15 ME (5)) PA 300 W. Montgomery Ave. Rockville, Maryalnd



	1				STAT	E OF MARYLAND			
	1.	FOR STATE		DEPA		EALTH AND MENTAL HY	GIENE 8 6	12	117
0-03224	1.05	REGISTRAR FIRS		MIDDLE		ICATE OF DEATH	REG. NO		EAR 25 HOUR
e e # 1A	ТУРЕ	OR PRINT)		MIDDLE			26 DATE OF DEATH	4-6-8	1
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er de fur de		TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NUE	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 12b. KI	IND OF BUSINESS OR
led in of	Ra	ckville		UCH FACILITY, GIVE ST			Housewife	F WORKING LIFE) INDUS	SIRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  THE THIS CLAY THE GROWN THAT THE deoth certificate be executed within 24 hours  attending process. In the case was a component of the control of the control of the control of the certificate has been streed by the attending physicion and completely filled in by  The process of the control of	USU. 13a S	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTIO	N GIVE RESIDENCE BE	EFORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 7IP CODE	
AND 24	Ma	ruland Mor	taomeru	Rockvi		YES NO	4603 Brad		20853
RYL within	14 F/	THER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN N	AME	MITTER TOLL	LAST
M. bear omp		Malcolm		Levy		Althea			rris
MORE ond c		VAS DECEASED EVER IN U.S	S. ARMED FORCES? ES. GIVE WAR OR DATES)			17. INFORMANT	ADDRE		
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hysic pope covol		18 CAUSE OF DEATH (Ent PART ). DEATH WAS CA	ter anly ane cause p AUSED BY	CARINI	ond ic	TRUCTIVE Pu	1200110	N CO SET	APPROXIMATE INTERVAL I WEEN ONSET AND DEATH
d ST.		IMM	EDIATE CAUSE (a)_	CHEINI	C 0133,	1240100 160	ZITICHTAY Y	432418	
story tending on, o		Conditions, if any, whic		OR AS A CONSE	OUENCE OF				
PRE of he of		gave rise to immediate cause (a), stating the	re )					118	
by the series of the		underlying cause las		or as a conse	OUENCE OF				
20 4 20 20		PART 2. OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART 110
200 P. T. P.	o S								
1 1 0	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE F	INDINGS USED
A State of	FE						YES NO	YES [	ИО 🗌
A 34 114 C		210 ACCIDENT WAS UNDERLYING COUTE CAUSE (		OF INJURY A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	EY IN ITEM IB PART I OR PA	RT 2)
No Sign of the state of the sta	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		P.M. E OF INJURY	19	211 LOCATION		<u> </u>	
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To Ware,		URIAL, CREMATION, REMO	OVAL 236. DATE	2	36 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COLINITY	20901
BP	B	urial	Apr. 1	0,1986 G	ate of	Heaven Cemet	ern Silver S	pring Mon	taomery Md.
DHMH - 16 60M 7/84	24 Ft	INERAL DIRECTOR Fray	icis J. Co	ollinsgore	Jr.	250 DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIC	GNATURE
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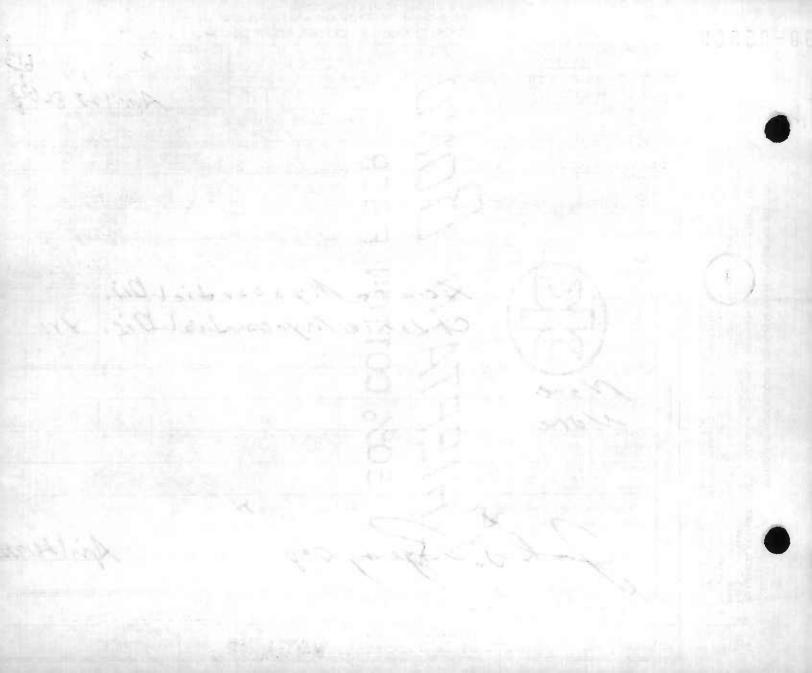
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Parint Transil I. Tabiéni, Tr. 500 Università Sut. C. Sifer Saniva, Vi.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR L DECEASED NAME 20 DATE KNOWN COMONTH MARY (TYPE OR PRINT) ILSON ESTI-DEATH MATED BATE OF BIRTH 3 SEX 6 AGE (IN YEARS DATE LAST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DE Penna DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Homemaker Own Home USUAL RESIDENCE (IF IN N 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES . NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST James Richard Treacy Margaret Treneaus Whalen 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 10225 Kensington Pkw. Daughter No 6512 Maryjean Wilson Kensington Md IR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Natural causes death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MER'S NAME SPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURTAT Arlington National Cem 07/84 BP Arlington Virginia 25M 24 FUNERAL DIRECTOR 2222 Wisconsin **DHMH - 17** (VR A15 ME (5)) Washington

The second secon January Half Course Hory Burners Mid Morrison of mingran x was have harded that The state of the s Levens My Die valle Bir. The forms Ed. The delication

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH LTYPE OR PRINTI ESTI-HARRY WOLFE. DEATH MATED Apr 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Male White Apr. 24, 1921 65 YRS DEAD 76 CITIZEN OF WHAT COUNTRY MARRIED XX NEVER MARRIED USA England WIDOWED [ DIVORCED Montgomery O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS Silver Spring 2305 Salesman Westview Drive Mens Clothin 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery Silver SpringyEXX NO [ 2305 Westview Drive Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST Wolfe Barnet Bessie Crown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 068-12-6939A Sylvia Wolfe; 2305 Westview Dr., SSpg, Md. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 3 SHOULE DEPARTMENT 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. IL LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an ond in my opinion Homicide . Undetermined monner TITLE (SPECIFY) SIGNATUR TYPE OF PRINT To BURIAL CREMATION, REMOVAL 236 DATE THE NAME OF CEMETERY OR CREMATOR 4-27-1986 Beth Sholom Cemetery Capitol Hts., Maryland 07/84 24. FUNERAL DIRECTOR Rockville, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Danžansky-Goldberg Chapels; 1170 Rockville Pike Julia Pardon Asydette (VR A1S ME (S))



STATE OF MARYLAND

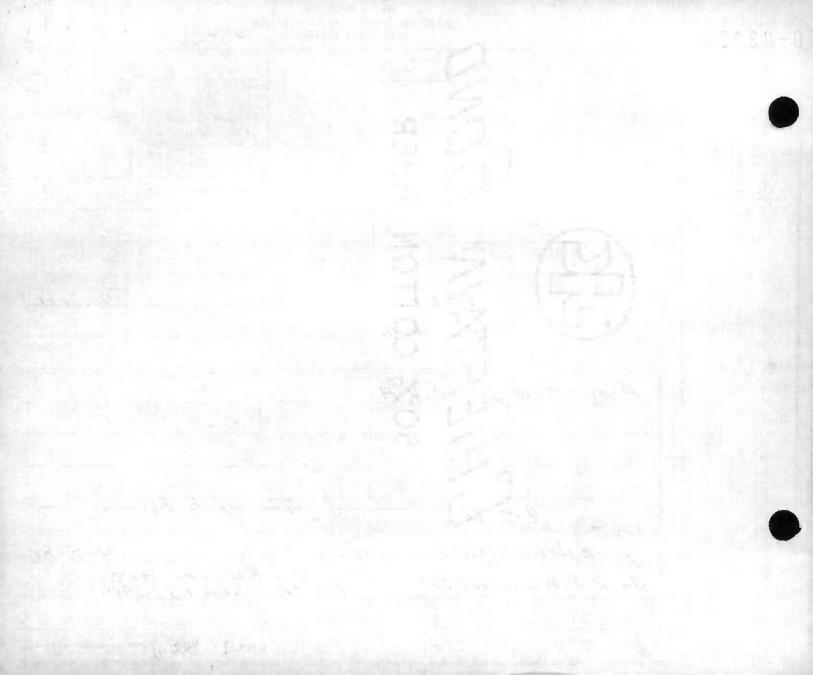
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

RICHARD RAPP, INC. 1804 T ST., N.W., WASHINGTON, D.C. 20009 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Lizzio DEATH MATED Mau 3 SEX 4 RACE IF UNDER 24 HRS DATE AST BIRTHDAY) PRONOUNCED Caucasian Nov DEAD Female 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia DIVORCED OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Interior Decorator Self-Employee USUAL RESIDENCE (IF IN NULL 13d INSIDE CITY LIMITS? Valley View Avenue 14 FATHER'S NAME Steele Arrabelle Foster George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. IN Grand Daughter AROEkville, maryland (YES. NO. OR UNKNOWN) LIEYES GIVE WAR OR DATES! 578-22-4862 Sandra Epperson 307 Farragut Ave. 20851 No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANY CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 3 SHOULD BE UDEPARTMENT CONTROL TO PRIOR TO BUR 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK Inspection 220 I certify that I took charge of the remains described above, held an Autopsy Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER ADDRESS 1919 Seminary Road Silver 30 SURIAL, CREMATION, REMOVAL 236 23d. LOCATION Burial .12.1986 Hatz Creek Cemetery Hatz Creek Campbell Uits 07/84 25M Francis J. Collins. Jr. **DHMH - 17** 500 University Blvd. W. Silver Spring. (VR A15 ME (5))

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0 01071	FOR THE GETS	
0-140126	REGISTRAR 3/27/86 YJd MEDICAL EXAMINER'S CERTIFICA	REG. NO. TO DATE KNOWN X   MONTH DAY YEAR 176. HOUR
第4点20元	(TYPE OR PRINT)  DAVID  L. WRIGHT	OF ESTI- DEATH MATED 4-12-86 19 M
A CHOR	3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF L	INDER 24 HRS. 2c. DATE MONTH DAY YEAR 2d. HOUR
23053	MALE BLACK MARCH 22, 40 YRS. MONTHS DAYS HO	PRONOUNCED 4-12-86 19 9:43am
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)   7b. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER	MARRIED . 9. BALTIMORE CITY OR COUNTY OF DEATH
一		NORCED Montgomery County MD.  1/26 USUAL OCCUPATION (TYPE OF WORK 1/26 KIND OF BUSINESS
( F964/	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE) OR INDUSTRY
- OF SOL	Bethesda   Suburban Hospital  USUAL RESIDENCE (IF IN NURSING HE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	CONSTRUCTION
AN POST STATE		MIS? 13e. STREET ADDRESS ○□ 402 W. 20th STREET
W SECOND	FIRST MIDDLE LAST FIRST	MAIDEN NAME MIDDLE LAST
- OKWEEN	JOHNNIE WRIGHT MATT	
AATER INFES ISION	(YES, NO, OR INKNOWN) (IF YES, GIVE WAR OR DATES)  577-54-1624 MATTI	
WIT PA	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
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STO N 24 A A O V	DUE TO, OR AS A CONSEQUENCE OF	
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HOULD RED "PE A USED Y OF HEL OF HEL,	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 196. DATE OF OPERATION 216. HOW INJURY OCC	? 20 AUTOPSY?
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A SHE HE STORY		CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION S CERTIFIC REITING TH RES S HOU E DEPARTA	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH *: 20 KMX 4-12 19 86 Crane fell Tid INJURY OCCURRED  716 PLACE OF INJURY (ATHOME, 211, LOCATION STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET	on subject
DIVISION OF VITAL I  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "9 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARKIAND, 21201 PRIOR TO BURIAL,	WHILE XXX NOT WHILE CONSTRUCTION SITE 4830 Hampden	CITYORTOWN COUNTY STATE Lane Bethesda Montgomery maryland
RE TH ORW, VIE, V E STA		pectron , Inquiry , and in my opinion
AAT AT A TANK	death resulted fram Natural couses . Accident XX, Suicide . Hamicide	Undetermined monner ,
EXA CERT DIR WIT AAR	ACTUAL MOLA 0 = 100 4(0,00 TITLE (SPECI	
A P P P P P P P P P P P P P P P P P P P	SIGNATURE MARCHE WILL M.D. Assis	tant MEDICAL EXAMINER SIGNED 4-13-86
WEDI CUTE FOUR SP DE	(TYPE OR PRINT) Margarita A Morall M. D. ADDRESS	
PAGE PAGE BALT	23a BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY	111 Penn Street
07/B4 BP/23	BURIAL 4-18-86 KING MEMORIAL PAR	CITY OR TOWN COUNTY - STATE
25M DHMH - 17	24 JUNERAL DIRECTOR ADDRESS 258.	A BEC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(VR A15 ME (5))	KEDD FUNERAL HOME 5209 YORKKA	APR 2.8 1986

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DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requirentending physician. When this centricate has been signs the buriol-transit permit. They as the buriol-transit permit. They have dor them 18 showyday injur orked or them 18 showyday injur	CERTIFICATION			U.S. C. O. C. D. T. C.					
low low	FICA	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION	I WAS PERFORME		II.	CERTIFYING	CAUSES OF DEATH?
TAL FITAL PITAL PI	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	7 (4)	21c HOW IN IURY		ES NO	YES _	NO [
Phys phys phys of Hyo		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH		110.110.11.110.11	OCCORRED	ENIER NATURE OF INJURY IN	TIEM TO PART I C	KPARIZI
YSIC ding s cer surio Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211. LOCATION				
VISIG	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OF	FICE, FARM. ETC )	STREET		CITY OR TOWN	C	OUNTY STATE
DING or or o		22a.1 certify that (1) (this hospital) of	ottended the deceased In	om 5/3	/ 19	9 83	10 4/7	19_0	96 that (I) (we) lost
TTEN ortol TOR For up		sow the deceased alive on above, (l) (we) (did) (did not vie	3/26	MI I	d that in (my) (our)	) opinion death	occurred on the date	ond hour ond	
hosp hosp hed hed hed them them		22b. SIGNATURE	w the body offer deoff	0	EGREE			1	2c. DATE SIGNED
the the Detoc		Slang "	2 cher	Lo			EDICAL STAFF		4/8/86
HOSPIT ined by hold be c		22d. PHYSICIAN'S NAME (TYPE OR PRIN			22e ADDRESS	X			
		Stanley A. Schwo	urtz, M.D.		106 Irvi	ing Stre	et, N.W.	washin,	gton, D.C.
5 5 5 4 ₹ ₹ <del>1</del>		URIAL, CREMATION, REMOVAL 23	b DATE	230 NAME OF CE	METERY OR CREM		3d LOCATION	rou.	NITY STATE
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DHMH - 16 60M 7/84		NERAL DIRECTOR FRANCIS			10 110	25a DATE REC	D. BY REGISTRAR 256	REGISTRAR'S	SIGNATURE
(VRA 15, 4)	50	O UNIVERSITY BLVI	. WEST SIEV	EK SPKIN	G, MV.	APR	1 0 1986 7	Party darkers.	***

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DEPARTMENT	0	F	HE	AL	TH	AND	MENT

TAL HYGIENE

Maryland   United States   Married   Montgo	T BIRTHDAY)  IF UNDER LYEAR IF UNDER 24 HRS  MONTHS DATS HOURS MIN.  YOR COUNTY OF DEATH  METY County, MD.  PATION (170 KIND OF BUSINESS OR INDUSTRY)  FEDERAL GOV't.
Helen H. York  3. SEX	YOR COUNTY OF DEATH  OMETY COUNTY, MD.  PATION DISTOF WORKING LIFE; INDUSTRY FEDERAL GOV't.  SS / ZIP CODE
Female  Caucasian  June 8, 1898  Fig. Birthplace (State Orforeign Country)  Maryland  United States  Widowed A Divorced  Montgo  It city or town of Death  Bethesda  Suburban Hospital  Superviso  Wasyland  Work For Maryland  Montgomery  Montgo  It father's Name  First  Robert  E. Lee  Hall  Alice  It was Deceased ever in u.s. Armed Forces?  It for war or uniformatical in the first in	YOR COUNTY OF DEATH  OMETY COUNTY, MD.  PATION DISTOF WORKING LIFE; INDUSTRY FEDERAL GOV't.  SS / ZIP CODE
To Birthplace   Caucasian   June 8, 1898   87	YOR COUNTY OF DEATH OMERY COUNTY, MD. PATION 12b. KIND OF BUSINESS OR INDUSTRY OF Federal Gov't.
To Direct State or foreign   To Citizen of What Country?   Bartimóre Citizen of What Country   Married   Montgo	METY County, MD. PATION 12b KIND OF BUSINESS OR INDUSTRY Federal Gov't.
Maryland United States WIDOWED \ DIWORCED \	ATION 12b. KIND OF BUSINESS OR INDUSTRY Federal Gov't.
Bethesda    Suburban Hospital	ost OF WORKING LIEE) INDUSTRY Federal Gov't.
Bethesda Suburban Hospital Supervisor    Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital   Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Supervisor     Suburban Hospital     Suburban Hosp	Federal Gov't.
13d INSIDE CITY LIMITS?   13e STREET ADDRE   13d INSIDE CITY LIMITS?   13e STREET ADDRE   14 FATHER'S NAME   15 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT   16f YES GOVE WAS OR DATES)	
Maryland Montgomery Bethesda  YES □ NO  6012 Kir  14 FATHER'S NAME FIRST  ROBert  E. Lee  Hall  Alice  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 1985 NO OR JUNKNOWN)  1987 YES GIVE WAR OR DATES)  ACCURATE NO OR JUNKNOWN)  1987 YES GIVE WAR OR DATES)	
ROBERT MIDDLE LAST ALICE  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT  ALICE	
Robert E. Lee Hall Alice  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT  ALICE  161 WAS DOOR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES)	E TAST
(IFYES, GIVE WAR OR DATES)	Debussey
010 20 0/7/ 10-1	DRESS
No - 218-38-9474 Mr. Charles I. York, S	on, Same as #13
18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Chronic obstruction Pulmino	my Vister Year
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which ( 16) haking	
gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying couse lost.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART I a
190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO.	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YES NO	
AD SOUTH THE CAUSE OF SELECT HOUR A.M. MONTH DAY YEAR	INJURY IN ITEM 18 PART 1 OR PART 2}
(if either, notify medical examiner) P.M. 19	
21d. INJURY OCCURRED 21d. PLACE OF INJURY WHILE NOT WHILE STREET FACTORY, OFFICE, FARM. ETC.] 21d. LOCATION STREET CITY	OR TOWN COUNTY STATE
AT WORK	7
22a.1 certify that (1) (this haspital) attended the deceased fram 19 , 19 , to saw the deceased alive an 19 , and that in (my) (aur) apinion death accurred on the	, 19 , that (I) (we) lost
above, (I) (we) (did) (did not) view the body effer death.  27b SIGNATUR  DEGREF	221. DATE SIGNED
ATTENDING MEDICAL	STAFF _ 4/
PHYSICIAN DIRECTOR PH	YSICIAN   1/C/FC
	esting Mil Dathery
1 // / 1 / 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2	3/124
236 BUBLAL, CREMATION, REMOVAL 235, DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOW	
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN Burial April 4, 1986 Ft. Lincoln Cemetery Brenty	rood, Maryland

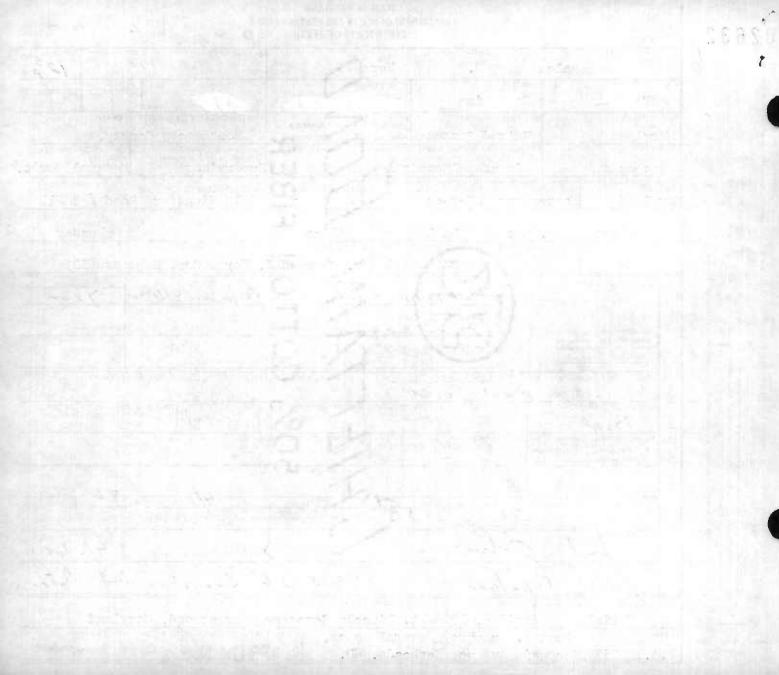
Bethesda,

MD.

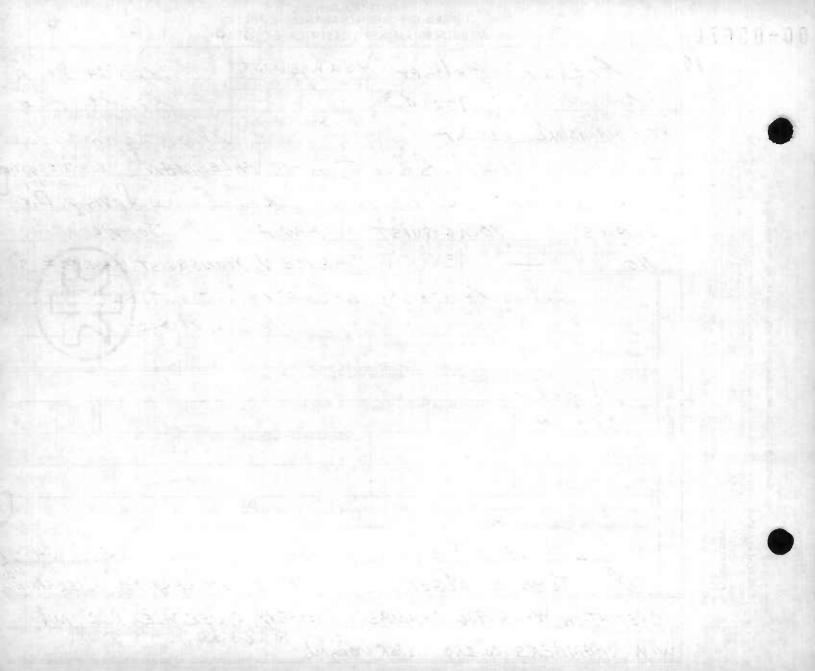
7557 Wisconsin Avenue,

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



		/	STATE OF MARYLAND
0.0	0 5 0 7 0	1-	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
00-	05078/		REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.  REASED NAME  FIRST  MIDDLE  MIDDL
	10		OPPRINT) A // OF ESTI-
	PLEASE ECTOR. FILES. HOURS	2 551	Arthur Helmar Youngouist DEATH MATED FOR 124 124
	# 55 E 5 E	3 SEX	4. RACE  S. DATE OF BIRTH  MONTH DAY  YEAR  LAY DIR HOURS DAYS HOURS MIN PRONOUNCED  MONTH DAY  YEAR  LAY DIR HOURS DAYS HOURS MIN PRONOUNCED
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	ESS.		ATHPLACE (STATE OR TELEPHONE WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY/OR COUNTY OF DEATH
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS TO WITHIN 72 HOURS TO WE SEED TO WE SEED TO SEE THE SEED TO SEE	N	EW HAMPShiRE U.S.A. WIDOWED   Monte on Cry MD
	LAY IS NI O THE FU PAGE 5 E FILED	10. CI	Y OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY. GIVE STREET ADDIRESS)  OR INDUSTRY
	404	1	26. Park Washer De WO HOSA SALESMAN ELECTRIC SUPPLIES
102	ANY DEI AND 3 TC RETAIN HOULD BI	13a S	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ATE 136. COUNTY 136. CITY OR TOWN 131 INSIDE (ITY LIMITS? 136, STREET ADDRESS. 70 20901
BALTIMORE, MD. 21201	LL CONTRACTOR		May Mont VII. Von YES NOW 216 Indian pring. Dr.
SA SA	HH. =	4. FA	THER'S NAME  IS. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  LAST  LAST
RE,	DEATH GES 1,		CLAUS YOUNGQUIST ANNA JOHNSON
IMO	FER DE FORM ON OF THE PROPERTY ON OF THE PROPERTY ON OF THE PROPERTY OF THE PR	16a. V	(AS DECEASED EVER IN U.S. ARMED FORCES?  5, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
ALT	URS AFTER I B. GIVE PAC WITH FORI T. PAGES I DIVISION (		NO 5-18-07-705 HALITE V. YOUNGQUIST (SAME AS # 13)
:			18 CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST	N 24 HOUR N ITEM 18. ALONG W IT PERMIT. YGIENE, D		IMMEDIATE CAUSE (a) Louto Unger O Schroly testinz
STC	ZZZZZZ		DUE TO, OR AS A CONSEQUENCE OF
2	WITHIN NCIL IN INER AL		Canditions, if any, which gave rise to immediate (b).
	2 E S L CO		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF
. 20	NA PRINCIPAL ON A PRI		(c)
DIVISION OF VITAL RECORDS, 201	CRTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN F SED TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MINERIOR TO BURIAL, CREMATION,	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO.
5	D BE EXE ENDING MEDICA AS A BU EALTH AI CREMA	Ö	None
A.	SHOULD ORD "P	CERTIFICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOPSY?
Y.	WORD WORD WORD BE CHI	RTE	None YES I NO A
o.	CATE WENTER THE WILD BE TO BE		216. TIME OF INJURY  UNDERLYING OR  216. TIME OF INJURY  AMONTH DAY YEAR  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
O.	G THE CORNER	No.	CONTRIBUTING CAUSE OF DEATH P.M. 19
Ž Š	IS CERTIFING (RITING CERTIFING CERTI	MEDICAL	216 INJURY OCCURRED   216. PLACE OF INJURY (AT HOME.   211 LOCATION   STREET, FACTORY, FARM, ETC.)   STREET   CITY OR TOWN   COUNTY   STATE   AT WORK   AT
۵	E THIS CI TE, WRITI RWARDE PAGE 3 STATE DO, 21201		AT WORK AT WORK
	NER: THI ICATE, W FORWA TOR: PAC THE STAI AND, 212	-	22a   Certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my apinion
	€ ≥ F F €		death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .
	DIE WAR		ACRUAL SPECIFY)
	CAL EXA SHOULD SHOULD ERAL DIR SATH, WI		SIGNATURE SIGNATURE SIGNADUL 141958
	MEDIC CUTE TI SE 4 SF FUNER FUNER FINORI	/	EXAMPLE NAME TILL S SEEDS 1910
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE FO FUNEATH, WITH BASTIMORE, MARYL		TYPE OFFRINT JOHN S. KOGERS ADDRESS 1919 SEMINARY ROL. SILVER STRING
	FUCEAU	23a. BI	RIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION
07/B4 25M	BP	24.51	CREMATION 4-25-1986 CHAMBERS CREMATOR VERDALE FOR MAINTENANCE PROPERTY OF THE FORMATION OF
	DHMH - 17	24. FU	NAME 2010 ADDRESS 209/0 ATT 29 BOX
	(VR A15 ME (5))	W	W. CHAMBERS CO. INC. SILVER SPRINGMA



STATE	OF	MA	RYL	AND	
REMENT OF HE	All	TH A	ND	MENTAL	H

DEPA IYGIENE CERTIFICATE OF DEATH

0		la	1	Ca	-
REG. N	10.				
ATE OF DEATH	MONTH /	DAY	YEAR	2b	HOU

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

APR 30 1986 Julia Durdson Kindow

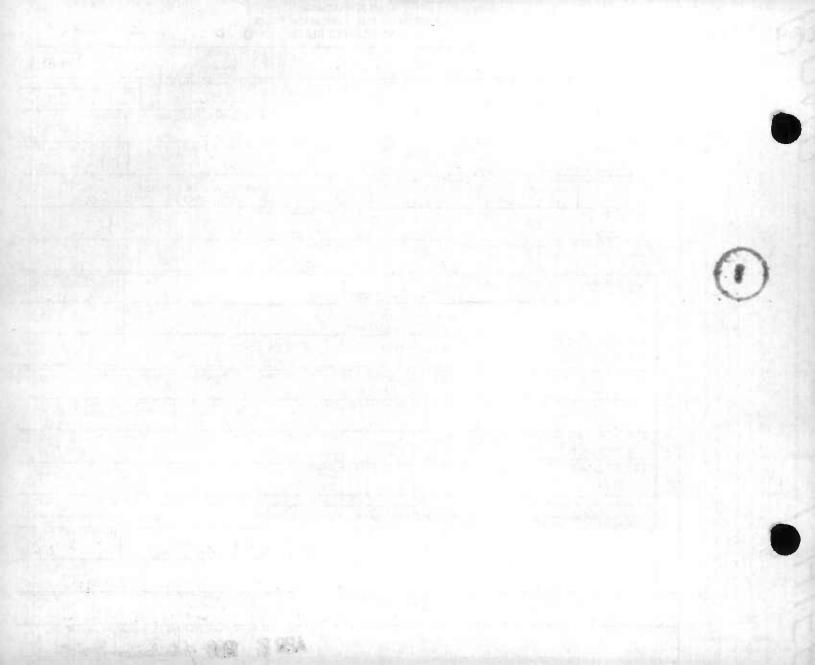
05190	1	STATE REGISTRAR		DEPARTMI	NT OF HEALTH	AND MENTAL HYC E OF DEATH	GIENE. REG. NO.	2 1 2 1
21 DH		CEASED NAME FIRST JOSEP	h Mic	hael	Zamoisk	d, 11	20. DATE OF DEATH MONTH	27/86 1:2
V	1.56		4 RACE		5. DATE OF BIRTI	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
Depart of the second	7a. B	Male IRTHPLACE (STATE OR FOREIGN	White	HAT COUNTRY?	Feb. ]		9. BALTIMORE CITY OR COUNT	TY OF DEATH
100		MD MD	U.S.A.	E 150	MARRED LATE	DIVORCED [	Montgomery	
100		Potomac		pur Whee	l Lane	ER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Appliance Dist.	126 KIND OF BUSINE INDUSTRY Zamoiski
1335	130	AL RESIDENCE HE NURSING HOME O 136 COU Mont	NTY 13	re residence before a le. CITY OR TOWN Potomac	13d. IN YES		13e.STREET ADDRESS / ZIP COI 11300 Spur Whe	
11/50		ATHER'S NAME CIMAN	J.	Zamoisk	Ĺ	Gertrude	WIDDIE	Goldstrum
- Poges		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	216–16–6		rcia S. Z	amoiski Same as	item # 13
Hending phy ve corbanipal Inn, or remov sumatic event		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS) IMMEDIA Conditions, if ony, which	TE CAUSE (a)	S A CONSEQUEN	Stoma	Multif	forme (tumor	APPROXIMATE INTER BETWEEN ONSET AND  4-24
sed by the o please rema unal, cremat		gove rise to immediate couse [0], stoting the underlying cause last.	DUE TO, OR A	S A CONSEQUEN		ELATED TO THE TERM	ainal disease or condition G	IVEN IN PART 110
been up	CERTIFICATION	190. DATE/OF OPERATION		ON FOR WHICH O			20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USE
To the first	ERTIFIC	210, ACCIDENT WAS UNDERLYING	21b. TIME OF II	ioblas	toma	OW MILITAN OCCUP	YES NO	YES NO
1119	1000	OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY	YEAR	OW HAJORT OCCOR	RED (ENTER NATURE OF INJURY IN ITEM 18	PARTIORPART2)
offeriding for this of the burning of the	MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF	INJURY , FACTORY, OFFICE, FAR	21f L	OCATION STREET	CITY OR TOWN	COUNTY S
opital or CSOR, At The use of Health		220 I certify that (I) (this hosp saw the deceased alive or abave, (I) (we) (did) (did no	4/2	5 19	// - 86, and that	, , ,	5, to 4/27 death accurred on the date and ha	that (1) (vous and fram the causes sto
d by the ho NERAL DIRE bu defoched a State Dept TANT. If her		224 PHYSICIAN'S NAME (TYPE	E Hure	ul n	22e A	ATTENDING PHYSICIAN ( DDRESS	MEDICAL STAFF	221 DATE SIGNED
TO FUN TO FUN Thould be		Gilbert E. Hu					reet NW., Washin	gton D. C. 2
ВР		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	4/29/86	Wash	. Hebre	W Cong. Me	23d LOCATION CITY OF TOWN Wash.	DC S
HMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR JOSEPH NAME 5130 WI AV	h Gawler's e. NW Was	s Sons. Tr	1C.	25a DA1	PR 2 0 1086 Julia	STRAR'S SIGNATURE

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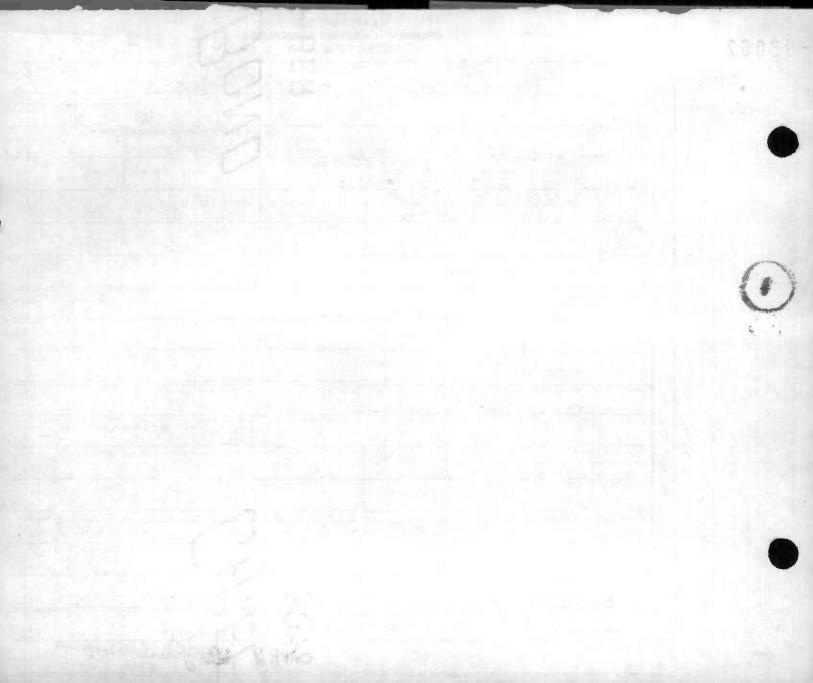
dibert L. Smedts, Lie 1800 Eye Street Mil., Smedington D. J. 20006

Strikl Wilder a Sons, Tourew Cong. New Mr. Manh., DC

(VRA 15, 4)



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-03062	1.	FOR STATE REGISTRAR		DEPART		EALTH AND	MENTAL HYGI DE ATH	0 0	1 2	1 2	7
00002	I DE	CEASED NAME	FIRST N	IDDLE		AST		REG. N 20. DATE OF DEATH		Y YEAR I	26. HOUR
9 6 6	(TYPI	OR PRINT)		. C m-1. J.		ana IIm-	du DII				11:45 P
nay be page 3	3. SE	x	Baby Boy	or Fanu	men Za	re TW	in B	March 30			IF UNDER 24 HRS
offic.				/	MONTH	DAY	YEAR		MO		2 34
Poge direct hours	70 B	Male RTHPLACE (STATE OR FO	Irania	NAT COUNTRY	3	30	86	2 Hr. 3			2 34
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	10 C	Maryland	N/A	OSPITAL, NURSI	WIDOWE	-	NORCED [	Montgome		121 KINID OF	MD. BUSINESS OR
- + + o =/	100		(# NOT IN SUCH	FACILITY, GIVE STREE	T ADDRESS]		IIIOIIOI	TYPE OF WORK FOR MOST		INDUSTRY	BUSINESSOR
	USU	Rockville	Shady	Grove	Advent	ıst		N/A		N/A	
MARYLAND 2120 ed within 24 hours mplerely filled in by and 2 shortld be fille	13a. S	STATE	G HOME OR OTHER INSTITUTION			13d. INSIDE C		13e.STREET ADDRESS	/ ZIP CODE	20	854
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die see			(IF YES, GIVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMA			£55		
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ory, oury,	7		FICANT CONDITIONS CO				TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN	IN PART 110	
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low re low re ermit.	5 5	190 DATE OF OPERATE	ON 1196 CONDI	ION FOR WHICH	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDING NG CAUSES C	
VITAL R NN: The hysician loate ha ransit per Hygiene Hygiene	ET	N/A	N/	Ą				YESXX NO	YES		NO 🔀
V OF VIII		210. ACCIDENT WAS UNDER		A. MONTH D	AY YEAR	21c. HOW IN	1JURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM IB PAR	I OR PART 2)	
ON OF 14YSICIA ding pl ding pl burial-t Mental	GA	( IF EITHER, NOTHY TO	EXAMINER) P.A	1. N/A	19	N/			-		
VISION Or this can the bur and Me and	MEDICAL	21d. INJURY OCCURRE	LAT HOME STRE	OF INJURY Et. factory, office.	FARM, ETC )	211 LOCATE		CITY OR TO	)WN	COUNTY	STATE
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	1.7		his hospital) attended the		A-1	)-10	19	, , , ,	0 19		(we) last
OR ATTEN DIRECTOR. Coched for up Dept. of Hem 21 is		obove, (H (we) (dic	dive on 3	ofter death			(our) opinion d	eath occurred on the d	ote and hour a		
to R A A He hos I DIRECTORED TO THE HOS I I HE		1% SIGNATURE	111	ch		DEGREE	ATTENDING :	MEDICAL _ STA	cc	22c. DATE SI	GNED
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HOSPITAL FUNERAL Juld be deta on the State		224 PHYSICIAN'S NAM	WE THUS CALMINUT			22e ADDRES	55				
TO HOSPITAL TO FUNERAL should be det with the State			Buczek, MD			990	1 Medic	al Center	Drive,		
E E ⊢ ∞ > ≥	23a. i	BURIAL, CREMATION, RI		23c	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	20850 STATE
BP		Cremati	ion 4-30	-86	SIDACY	spital	Adventi	Rockvi	lle. Mo		
DHMH - 16 50M 4/83	24 FI	JNERAL DIRECTOR		ADDRESS			ADD DATE	REC'D. BX DECISTING	Par Tarille	The Moule	No.
(VRA 15, 4)		N/A					W. W. F	1 - 0			1



	*	١.	FOR			DEPART		OF MARYLAI		ENE			n
00	-02999	1	STATE REGISTRAR				CERTIF	CATE OF DE	EATH	B O REG	NO.	1 0	U
4			PRINT)	FIRST		WIDDIE	L	AST		20 DATE OF DEATH	HINOM	DAY YEAR	2b HOUR
	3 6 30	-		Phili	pp	W.	Z	inkoraf				4/4/86	6:30Am
	No No	3, 5E)			4. RACE		5. DATE O			6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	9 9 9 9		Male		Caucas	ian	March		1911		75 YRS.		HOURS MIN.
1	a 52 0/		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN O	F WHAT COUNTRY	2 8	NEVER M.	ARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	100		sconsin		United	States	WIDOWE		ORCED	Mont	gomery	7	MD.
	i i	0 CI	TY OR TOWN OF DE	ATH	11. NAME O	F HOSPITAL, NURSI		R OTHER INSTI	TUTION	12a USUAL OCCUP		LIFE) 126 KIND C	F AUSINESS OR
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BALTIMORE, MARYLAND	With Age	14.17	FIRST	77	MIDDLE	LAST		F	IRST	MIDDI	E	LA!	51
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200	e execu		VAS DECEASED EVER		VE WAR OR DATES)	3 22 2 3 3 3		- 2-0					
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27.	onp ever		TAKTI: DEATH	IMMEDIA	TE CAUSE (o)_	Curille	ur C	men				1100	now
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	sign hen to bi	Z	0111	in the	mo B	2. h - 11	1	Bilette	n	ur cls	5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
RECORDS,	w re-	CERTIFICATION	19a DATE OF OPERA	ATION	196 CON	IDITION FOR WHICH				20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	
8	hos hos	E.								YES T NO		TIFYING CAUSES	NO
IT A	N: Thysicio	18	210. ACCIDENT WAS UN	NDERLYING	21b. TIME	OF INJURY		21t HOW INJ	URY OCCURR	ED (ENTER NATURE OF	_		
7	phy phy inflicting the phy inflicting the physical physic		OR CONTRIBUTING		2010	A.M. MONTH E	DAY YEAR	Charlet 1					
NO	ding ding see is ce with the war is ce	MEDICAL	21d. INJURY OCCUP		21e PLAC	E OF INJURY		21f LOCATIO	N				
DIVISION OF	G Pr	¥	WHILE NOT W	WHILE	(AT HOME,	STREET, FACTORY, OFFICE,	FARM ETC)	STREET		CITY C	RTOWN	COUNTY	STATE
5	D A A				ital) attended	the deceased from		100	19 15 6	to_4/	201	19 86	that (I) (we) lost
	TEN TOR or us 11 is		sow the decep	sed plive or	2/1/	19/12/19/19	P. /	d that in (av)		leath occurred on th	e date and h	our and from the	couses stated
	REC Ppt. cem 2		275 SKINATURE	diayena ne	ot wish the box	dy ofter death.		DEGREE				22c. DATE	SIGNED
	the the the contract that the		1	WIL	1/40	aug.	4	n D AT	TENDING	MEDICAL SIRECTOR PHY	TAFF	4/0	1/80
	PITA by By Store	1	224 PHYSICIAN'S N	AME ITHE	DE PRINTS	viq-		1220 ADDDESS				1//	
	TO HOSPITAL retained by the TO FUNERAL should be detinished by the State with the State IMPORTANT:		JUNN	m L	Lynn	w		7201	nutes	111 13 UZ 6	et du	e, MA.	८०६१५
	Of Short	23a F	BURIAL, CREMATION				NAME OF C	EMETERY OR CI		23d LOCATION			
		1.30	ISPECIEVITY . T	, ALMOVAI						The second second	u .	12.001.0171	STATE
	DD		Burial		April	/.198dpa	rk 1 arm	Momori	ol Par	LRDC KNATT	1 a Man	tramera	Maryland
	BP DHMH - 16 50M 4/83		UNERAL DIRECTOR	Robert	April	mphray Fu	rklawn	Memori	al Par	kROCKVII	1 e Mon	tgomery	Maryland

